



# **San Francisco VA Health Care System**

## **Psychology Postdoctoral Fellowship Program**

### **Clinical Psychology 2019-2020**

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## Overview

For 2019-2020, the San Francisco VA Health Care System will be offering sixteen (16) one-year postdoctoral psychology fellowships with focus areas in: Community-Based, General Mental Health (2 positions located at the Santa Rosa CBOC), Geropsychology, Integrated Care Psychology (5 positions), Interprofessional LGBT Healthcare, PTSD and Returning Veterans, PTSD and Substance Use Disorders, Psychosocial Rehabilitation, Substance Use, PTSD and Co-occurring Disorders (2 positions), Women's Mental Health and Primary Care: Evidence-Based Psychotherapy, and Women's Mental Health and Trauma.

We will also be offering one (1) two-year postdoctoral psychology fellowship in Clinical Neuropsychology. The application procedure for this fellowship program is separate from the general program and program and application information can be found at: <http://www.sanfrancisco.va.gov/education/psychologytraining.asp>

## APA Accreditation

The San Francisco VA's Psychology Fellowship is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) for the seven (7) year maximum; next site visit is 2021. The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2019. The San Francisco VA's Psychology Fellowship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Postdoctoral Residency in Clinical Neuropsychology is registered with the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our Psychology Fellowship is affiliated with the University of California, San Francisco.

**Application and Timetable:** The SFVAHCS is **utilizing exclusively the APPA CAS** (APPIC Psychology Postdoctoral Application System) for applications for all fellowships.

- Applications are **due by Sunday, December 9, 2018, 11:59pm Eastern Time (8:59pm Pacific Time).**
- All **interviews** will only be conducted over the course of three weeks as follows:
  - **Week of January 28, 2019 (Friday, February 1<sup>st</sup> only)**
  - **Week of February 4, 2019 (Tuesday, February 5<sup>th</sup> and Thursday, February 7<sup>th</sup>)**
  - **Week of February 11, 2019 (Monday, February 11<sup>th</sup>, Wednesday, February 13<sup>th</sup>, and Friday, February 15<sup>th</sup>)**
  - **Every effort will be made to accommodate your preferred interview date, and we will work with you on that date once you have been invited for an interview**
- You **may apply to more than one focus area**
- You need to submit only **one application, even when applying to multiple areas**
- Please submit electronic applications to **APPA CAS** at: <https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>.
- **Detailed application instructions** and the application form can be found at the end of this **brochure**.

Please see more details in the **Application & Selection Procedures** section (end of brochure).

## The Training Setting

## SFVAHCS Web Site

<http://www.sanfrancisco.va.gov/index.asp>

### Hospital Community

The San Francisco VA Health Care System, or "Fort Miley," as it is known to native San Franciscans, is a nationally known teaching hospital in one of the most cosmopolitan and diverse cities in the world. Located on a hill seven miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate Bridge to the north. The grounds cover approximately 30 acres and include 23 buildings.

Each year San Francisco VA Health Care System provides Services to more than 400,000 veterans living in an eight-county area of Northern California. The Medical Center provides diagnostic and treatment services in a number of specialty areas including neurological diseases, cardiology, oncology, renal dialysis, and open heart surgery in addition to mental health treatment.

The San Francisco VA Health Care System is affiliated with the University of California, San Francisco (UCSF), one of the top ranked medical schools in the country, and we train 1500+ of their students in 60+ professional and allied health academic programs yearly.

In addition to its broader commitment to the veteran population and education, SFVAHCS has the largest funded research program in the Veterans Health Administration with more than \$80 million in annual research expenditures. Our Medical Center is the #1 ranked VA Medical Center in terms of research grants. There are over 220 active research projects currently being conducted. Areas of particular interest are: PTSD, substance use, women's health, neuroscience disease, aging, oncology, hypertension, stroke, cardiovascular disease, Hepatitis C, health services research and advanced medical imaging.

SFVAHCS also has the largest non-profit research foundation, Northern California Institute for Research and Education (NCIRE), also known as The Veterans Health Research Institute, which administers \$50 million dollars from which indirect costs serve to enhance the VA research enterprise. The Medical Center has four Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, bone research, and rehabilitation research and one HSR&D REAP in aging research. It is one of the few medical centers in the world equipped for studies using both whole-body magnetic resonance imaging (MRI) and spectroscopy, and is the site of VA's National Center for the Imaging of Neurological Diseases.

The Medical Center is fully accredited by the Joint Commission for its general medical and surgical programs as well as its psychiatry and substance use programs. It is approved by the American Medical Association for the training of medical students and residents in all of the major specialties and subspecialties, the Council of Teaching Hospitals of the Association of American Medical Colleges, and the West Bay Hospital Conference.

### Patient Population

The San Francisco VA Health Care System serves a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. All racial/ethnic groups are represented and there is a large LGBT community. Patients span the spectrum of socioeconomic classes but most are considered working class.

Veterans do not have to have served in a war to receive benefits; however, the largest cohorts are the World War II / Korean Conflict veterans, most of whom are roughly 65 to 90 years old, and the Vietnam Era veterans who are now in their sixties. Veterans from the Persian Gulf War (Desert Storm, Desert Shield) and the conflicts in Iraq and Afghanistan (Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF]) also receive health care in the VA system. Of late, particular attention has been paid to program development and special services in order to meet the needs of our returning soldiers.

### **Psychology Setting within SFVAHCS**

Psychological services and psychology training at San Francisco VA Health Care System are embedded into the Mental Health Service. The Mental Health Service teams have an interdisciplinary structure with the following disciplines represented: psychology, psychiatry, social work, nursing, internal medicine, addictions specialists.

Psychologists hold key positions in many of our specialized treatment clinics such as General Psychiatry Outpatient Clinic, PTSD Clinical Team, Addiction Recovery Treatment Services Programs, Neuropsychological and Psychological Assessment Program, Health Psychology, Integrated Mental Health and Primary Care, Health Promotion and Disease Prevention, Women's Clinic, Psychosocial Rehabilitation, Geropsychology, Home-based Primary Care, Suicide Prevention Team and our outlying Community-Based Outpatient Clinics in San Bruno, Downtown SF, Santa Rosa, Clearlake, Ukiah and Eureka, CA. All supervising psychologists have clinical faculty appointments in the Department of Psychiatry (Langley Porter Psychiatric Institute), University of California, San Francisco Medical School.

There are several career development awardees (including psychologists) at San Francisco VA showing the commitment of the Medical Center administration to funding trainees and young faculty members and increasing the next generation of basic and clinical scientists and VA faculty members. The clinical, teaching and scholarly achievements of our faculty are extensive, and are delineated at the end of this brochure.

### General Breadth of Training

Education of current and future health care providers is one of the five missions of the San Francisco VA Health Care System. Over 650 fellows, residents, interns and students from a wide array of disciplines train here yearly. Unit based in-services are offered regularly. Since the Mental Health Service is affiliated with the Department of Psychiatry, UCSF Medical School, our staff and trainees have access to their library, colloquia and seminars including weekly Psychiatry Grand Rounds. In 2000, the San Francisco VA Health Care System inaugurated a VA-funded clinical Postdoctoral Psychology Fellowship Program in clinical psychology with two focus areas in Posttraumatic Stress Disorders (PTSD) and Substance Use Disorders (SUD). Since 2007, our fellowship has expanded to include eleven (11) focus areas including Women's Mental Health and Trauma, Primary Care Psychology, Geropsychology, Infectious Disease and Liver Medicine, Psychosocial Rehabilitation, LGBT needs, Community Mental Health/Rural Psychology, Evidence-Based Psychotherapy and a 2-year Postdoctoral Residency in Clinical Neuropsychology. The San Francisco VA Health Care System also has an APA-accredited Psychology Internship Training Program and a large Psychology Externship (practicum) Training Program. Fellows may have the opportunity to supervise these trainees.

## Training Model and Program Philosophy

While some of our areas of emphasis do include research activities, the overall philosophy of our psychology training program is best described as scholar-practitioner. Training occurs in the context of the core clinic placements (focus areas).

The model is developmental in nature. We recognize that fellows come to us with different levels of experience and we strive to build upon baseline skills and competency benchmarks acquired during predoctoral internship. The fellow will be granted progressively more autonomy and responsibility over the course of the year in an organized sequence. The goal is that the fellow graduate with the competencies of an advanced level psychologist. Advanced training is defined, but not limited to, the following criteria:

- Focused learning by means of intensive immersion in clinical experiences in the focus area with supervision by licensed psychologists with established competencies in these areas.
- Didactic training to provide a background and context in the empirical, clinical and other literatures relevant to the area of emphasis.
- Opportunity to acquire leadership, program development and supervisory skills.
- Greater depth of supervised clinical experiences than is feasible for a psychology intern on the same rotations. Examples include exposure to a wider variety of patients, more complicated or challenging cases, or cases requiring specialized skill sets.
- Opportunity to participate in scholarly activities relevant to the focus area under the mentorship of psychologists or psychiatrists involved in cutting-edge research in these areas.
- General professional development, including being treated as a junior colleague
- Internalizing the role of supervising and mentoring other trainees
- Multicultural competence and the ability to work effectively with individuals of various ethnic and socioeconomic backgrounds, sexual orientation status, and religious affiliations.

The national training mission of VA is broad and explicitly includes training of health care professionals for the VA system, as well as for the nation. We train fellows who go on to VA jobs, and we train others who go on to work in research, academia, other medical centers, and the private sector. A number of our own postdoctoral fellows have recently gone on to obtain positions in VA careers, both here and at other facilities.

Our training program is sensitive to individual differences and diversity and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of individual differences. In our efforts to train culturally aware and competent psychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars, and clinical case conferences. Our program faculty has expertise working with patients from various racial/ethnic groups, sexual/gender orientations, religious affiliations, and age groups.

A prime example of our commitment to cultural competence and diversity awareness is our active and expanding Psychology Diversity Committee, with members representing all levels of psychology at the SFVAHCS, including faculty, fellows, interns, and externs. The Diversity Committee aims to provide a professional and open atmosphere that respects diversity and provides a forum to discuss issues related to cultural competence and diversity. Among the committee's activities are: presentation of case material for clinical consultation and discussion, presentations and didactics focused on culture and diversity, and integration of ongoing diversity trainings to faculty and trainees.

## Program Goals and Objectives

In the service of training fellows who think critically about psychological issues and apply theory to practice, we are clear about expectations of our graduates. These expectations are rooted in specific core competency goals in the areas of assessment; intervention; consultation; supervision; professional, ethical, and legal conduct; scholarly inquiry; sensitivity to diversity, and professional development.

The Training Program Model and Philosophy are expressed in the following training goals:

1. Fellows will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems, and needs. Although fellows receive supervised training using a range of techniques, emphasis is placed on diagnostic interviewing and assessment.
2. Fellows will develop competence in the provision of psychological interventions and general psychotherapy skills through supervised experience in a range of clinical and theoretical approaches.
3. Fellows will develop competence in providing consultation and in translating psychological principles to colleagues, trainees, and others within an interdisciplinary system of learning. Fellows should be able to think rigorously about what they do as psychologists and within various contexts.
4. Fellows will develop skills in clinical supervision and teaching through supervised experience and didactic training.
5. Fellows will demonstrate professional behavior consistent with professional, ethical and legal standards, guidelines and policies. They will have a mature understanding of professional ethics as well as issues of ethnic, cultural, gender, socioeconomic and sexual diversity.
6. Fellows will understand the interface between science and practice and apply scientific knowledge to the clinical setting and become educated consumers of empirical research.

Fellows will develop the ability to utilize supervision and mentoring regarding professional development and growth. Fellows are expected to develop openness, flexibility and a sincere interest in reflective practice learning about themselves and their identities as psychologists.

## Program Structure

Each fellow is selected to join a particular focus area (outlined below) and training occurs in the context of the clinical rotations. The fellow will train in the clinic(s) associated with their particular area and receive supervision from the psychologists, psychiatrists and social workers leading those clinics. Even though there generally is one fellow per focus area, fellows often have the opportunity to work with each other in overlapping rotations.

Clinical activities include: comprehensive evaluations and brief treatments as part of an integrative multidisciplinary team in the Mental Health ACCESS Center; focus area evaluations and interviewing; assessment of cognitive, emotional, behavioral and personality functioning; differential diagnosis; psychotherapy with individuals, groups and couples; and development and delivery of psychoeducational material. Advanced interprofessional training through consultation with team members regarding patient care and writing of care plans is essential. The fellow receives seminar instruction and didactic material to facilitate learning skills related to the focus area. Fellows will also focus on developing supervision skills through supervised experience. There is also an importance placed on leadership, program development, and research.

### The Telemental Health (TMH) Rotation

The TMH rotation offers services to Veterans from our 6 Community-Based Outpatient Clinics (CBOCs). These services include skills-based groups, individual therapy, couples therapy, neuropsychological and psychodiagnostic

assessment, pain management, and some neurobehavioral rehabilitation via video conferencing. This emerging technology is at the forefront of the clinical interventions being offered through VA, which contributes to access to services for Veterans, and the experience provides the trainee an advanced introduction to the technology as well as best practices for TMH. This training experience also offers the unique diversity and cultural perspective of working with the psychosocial aspects presented by Veterans who live in rural and very rural areas of the SFVAHCS catchment. Although the trainee may elect a full rotation, use of this delivery modality to provide services is supported and encouraged across the entire Mental Health Service. The Telemental Health Section consists of a specific interdisciplinary team, but also provides and helps to coordinate telemental health services across the facility.

Staff include Michael Drexler, Shilpa Reddy, and Erik Shumaker as psychologist supervisors. At least one hour per week of supervision by a primary supervisor, as determined based on the interest of the trainee, with specialty supervision/consultation if required (e.g., Cognitive Processing Therapy, CBT-I, PTSD assessment). Fellows are welcome to attend the TMH Didactic Seminar which meets on the 4<sup>th</sup> Tuesday of the month from 12-1 pm and should attend clinical meetings, which occur on Mondays at 3pm, as appropriate to their caseload (3-8 hours total commitment weekly).

### **Fellows Seminar**

As part of the overall training experience, every fellow participates in a Psychology Training and Fellows Seminar led by Dr. Samuel Wan, Director of Training for the Psychology Postdoctoral Fellowship Program and Dr. Elizabeth Shumaker, Assistant Director of Training. The Seminar is designed for the exploration of professional, clinical, and training issues with other fellows and staff. Supervision, consultation, leadership, ethics, cultural diversity, licensure and career direction issues are discussed. Completion of the EPPP in particular, and CPLEE if appropriate, prior to the end of the fellowship year is strongly encouraged and fellows may use allocated authorized leave for study time. Additionally, presentations and didactics will be offered based on a combination of historically useful presentations, as well as fellows' interest.

Fellows may also attend sessions of the UCSF-CPTP Clinical Seminar Series which focuses on evidence-based clinical interventions, career development, and licensure issues and provides the opportunity to meet and integrate with fellows outside of the VA and other UC Faculty. Many of these seminars count for coursework required for licensure as a psychologist in California.

In keeping with our philosophy that postdoctoral fellows are considered "junior colleagues," fellows also attend the Psychology Faculty Meeting chaired by the Psychology Director, which meets approximately 2 times per month. The agenda for this meeting focuses on issues current psychologists on staff are facing. Fellows have ample opportunities to participate in program development and take active leadership roles. All fellows have the opportunity to conduct an administrative project during the year. Examples of such are Externship Coordinator, Quality Improvement Projects, or organizing various training seminars.

Research activities may be negotiated with your supervisor. The fellow may select a research mentor and meet weekly to discuss planned or ongoing research. The fellow may join an existing project or pick a topic of research interest, collaborate in the development of grants for new research projects, and attend regularly scheduled research laboratory meetings.

**Time commitment:** The fellowship requires a one-year (12 month, 52 week), full-time training commitment of approximately 40 hours per week, earning approx 2000 hours towards licensure.

**Supervision:** Fellows will receive at least four (4) hours of regularly scheduled supervision per week with a minimum of two supervisors, at least two of which will be individual supervision. Supervision and evaluation methods include self-



report of clinical work, supervision sessions, live observation of client and/or staff interactions; review and co-signature of all written material such as progress notes or other additions to the computerized patient record system; observation of case formulation and case presentation in staff meetings, treatment planning conferences, and other multidisciplinary settings; review of process notes, audiotape recording and/or videotape recording of psychotherapy and assessment sessions; and the review of psychological testing protocols and reports. Fellows should expect to be assigned readings and literature reviews as part of their supervision.

**Self Disclosure:** Self-disclosure in forms of discussions about personal reactions to patients may be required with some supervisors. Our attention to this is meant for the benefit of the fellow's patients and the fellow's reflective practice and professional development. Fellows may also be asked to disclose personal information in the context of their training if the supervisor feels that such personal information is needed in order to evaluate or obtain assistance for a fellow whose personal problems are preventing the fellow from performing professional activities competently or whose problems are posing a threat to the fellow or others.

**Evaluations:** Our goal is to produce graduates who are prepared to assume different roles as professional psychologists. The training goals stated above describe the core competencies that we feel are essential for this overarching goal and evaluations are necessary to guide and determine our progress in obtaining this goal. Fellows are formally evaluated three times per year (4 months, 8 months, 12 months [end of year]). Evaluations are discussed with fellows and may be modified by mutual agreement before being placed in the training files. Fellows also are asked to evaluate their supervisors and clinic rotations at each evaluation period and an exit interview with the Director of Clinical Training will be completed at the end of fellowship to solicit feedback and suggestions for the program going forward.

In response to APA's increasing emphasis on setting, measuring and objectifying criteria for acquisition of these skills, our Fellow Evaluations quantitatively track successful mastery of each benchmark and competency area.

## Training Experiences

The **San Francisco VA Health Care System** will be offering **sixteen** (16) one-year postdoctoral psychology fellowship positions in **2019-2020** with **focus areas** in:

1. **Community-Based, General Mental Health Fellowship (2 positions located at the Santa Rosa CBOC)**
2. **Evidence-Based Psychotherapy in General Mental Health, Women's Mental Health and Primary Care**
3. **Geropsychology**
4. **Integrated Care Psychology (5 positions)**
5. **Dr. Stephen Rao Interprofessional LGBT Healthcare**
6. **PTSD and Returning Veterans**
7. **PTSD and Substance Use Disorders Treatment**
8. **Psychosocial Rehabilitation**
9. **Substance Use, PTSD and Co-occurring Disorders Treatment (2 positions)**
10. **Women's Mental Health and Trauma**

Brief depictions of our **ten** (10) focus areas are provided below in alphabetical order.

### **1. Community-Based, General Mental Health Fellowship (2 positions)**

The two Community-Based, General Mental Health fellows spend 80% of their time at the Santa Rosa Community-Based Outpatient Clinic (CBOC). The Santa Rosa CBOC is located 55 miles north of San Francisco and serves veterans residing in Sonoma, Marin, Napa, and Mendocino counties. The Santa Rosa Clinic is the largest VA CBOC in Northern California, serving almost 10,000 veterans with ten specialty clinics on site. The Mental Health clinic functions as a generalist clinic, with a strong emphasis in community-based care and evidenced-based treatments. Because the role of psychology at the Santa Rosa CBOC is valued across disciplines, fellows will develop skills and competencies in interdepartmental collaboration as well as effective clinical care.

During the course of their fellowship year, fellows develop advanced competence in the assessment and treatment of PTSD, Substance Use Disorders, Mood Disorders, readjustment to civilian life, and a broad range of chronic and acute disorders. Fellows receive training and supervision in evidence based treatments (e.g., CBT, CPT, IBCT, IRT, MET, PE). In addition, the fellows develop further competence in mental health triage, crisis management, individual and group therapy, psycho-educational skill-based programs, and program development. Given the challenges of treating a wide range of mental health needs, fellows develop robust case conceptualization skills to help them in their work.

Each Monday (the remaining 20% tour of duty) is spent at the SFVAMC, pursuing specialty training, based upon the fellows' specific interests and training needs as well as the supervision availability at SFVAMC specialty clinics. Examples of potential training opportunities include (but are not limited to) the following: Women Veterans Mental Health, Geropsychology, Trauma Disorders, Substance Use and Co-occurring Disorders Treatment, Primary Care Mental Health Integration, and Telemental Health clinics.

Overall Program Structure: Santa Rosa Community-Based, General Mental Health fellows provide 6-8 hours of individual therapy, co-facilitate 2-3 process or skill-based groups, conduct one new patient assessment, and cover 4 hours of on-call/triage support during the regular work week. Fellows also have the opportunity to pursue additional training and clinical experience in an area of advanced interest relating to the specialty programs and clinics offered at the Santa Rosa CBOC and the SFVAMC (e.g., women's health, geropsychology, trauma disorders, substance use

disorders, couples therapy, suicide prevention, behavioral health, primary care integration, telemental health). In addition, all fellows have the opportunity to supervise psychology practicum students in individual/group treatment, with supplementary supervision-of-supervision provided each week. Additional hours are spent in weekly clinical seminars, MH team meetings, all-clinic staff meetings, and individual supervision with psychology and psychiatry staff. In addition to clinical responsibilities, fellows develop competency in providing consultation to providers from other disciplines, preparing reports, making didactic presentations, and participating and presenting in multidisciplinary case conferences. The MH team in Santa Rosa consists of five psychologists, three psychiatrists, two psychiatric nurses, one clinical social worker, one psychiatric nurse practitioner, one peer specialist, and one medical scheduling assistant.

Integration with SFVAMC and Santa Rosa CBOC: The fellows selected for the Community-Based, General Mental Health fellowship are integrated with Psychology and Mental Health Services at the San Francisco VA Medical Center. The fellows participate in the VA Psychology Staff Meeting, the Evidenced-Based Psychotherapy Seminar, the Psychology Fellows Seminar, the Psychology Training Committee Meeting, and the Psychology Diversity Committee Meeting.

Supervision: Primary supervision of the fellows is provided on-site by the full-time staff psychologists at the Santa Rosa CBOC. Additional supervision and clinical feedback are provided by staff psychologists and psychiatrists at both the Santa Rosa CBOC and the SFVAMC. Fellows have the option to request extended hours to address demands on the clinic, with appropriate adjustments to their weekly schedules.

**Core Faculty:**

Jeremy Joseph, PhD (mood disorders, couples therapy, mindfulness)  
Sonia Milkin, PhD (severe mental illness, gender norms)  
Elizabeth Nazarian, PsyD (trauma, substance use disorders)  
Michael Potoczniak, PhD. (substance use disorders, military psychology, aeromedical psychology)

**Additional Training Faculty:**

Lisa Grossman, PhD (primary care mental health integration)  
Cheri Heffel, NP (military sexual trauma)  
Emily Keram, MD (forensic psychiatry)  
Anton Petrash, MD (psychoneuroendocrinology)  
Cathy Read, LCSW (military sexual trauma, EMDR)  
Peter Stuart, MD (cross-cultural psychiatry, community psychiatry, augmented psychotherapies).

**2. Evidence-Based Psychotherapy in General Outpatient, Women's Mental Health and Primary Care**

This fellowship emphasizes the delivery of evidence-based psychotherapies (CBT, DBT, IPT, CBT-I, IRT, mindfulness-based interventions) across mental health and integrated care settings. The fellow receives core training/supervision in evidence-based psychotherapies in the General Psychiatry Outpatient Service (GPOS), with additional training and supervision in the modification and implementation of EBPs in Women's Clinic and Integrated Care/Health Psychology. The following clinics and experiences capture the diverse training opportunities available to the fellow:

**General Mental Health (approx. 30% time; primary supervisor: John McQuaid, PhD)**

The General Mental Health rotation focuses on the GPOS service with optional activities in specific clinics as

described below. The balance of activities can be modified to meet the particular training plan of the fellow.

- **General Psychiatry Outpatient Service (GPOS)** – GPOS is an interdisciplinary outpatient mental health clinic that provides psychotherapy and psychiatric services to male and female veterans of all eras who present with various mood, anxiety, and personality disorders. Within this setting, the fellow may provide individual and group psychotherapy, supervision of trainees, as well as support/leadership/participation in a weekly team meeting and a weekly EBP didactic. Treatment using video teleconferencing (V-Tel) is routinely provided through this clinic.
- **Dialectical Behavior Therapy Team** – The DBT team is an interdisciplinary team of staff and trainees who provide a comprehensive program of DBT to eligible veterans (e.g., those with personality disorders, chronic suicidal behaviors, and/or emotion dysregulation). The fellow generally carries 1-2 DBT clients and is required to participate in the weekly DBT consultation team meeting. Opportunities to co-facilitate the weekly skills training group are also available. Ongoing training in DBT is provided.
- **Mood Clinic** – This clinic, headed by a psychiatrist as medical director, focuses on training a rotating class of psychiatry residents. The psychology fellow has the opportunity to participate in this clinic by providing psychotherapy and consultation services. Typical mood clinic clientele include veterans with severe mood disorders requiring pharmacotherapy intervention (e.g., bipolar disorders, treatment resistant unipolar depressions, co-occurring personality disorders, and psychosocial stressors). The fellow carries an individual caseload and participates in a weekly team meeting.
- **Leadership Development**- Fellows with an interest in administration and leadership can have a subrotation (2-4 hours) dedicated to this domain. Responsibilities can include developing and implementing a system improvement initiative or participating in an ongoing leadership activity.

**Women's Clinic (approx. 30% time; supervisor: Caitlin Hasser, MD)**

- **Women's Mental Health Clinic** – The Women's Mental Health Clinic specializes in providing mental health services to female veterans, eligible spouses of veterans (ChampVA), and transgender veterans seeking a women's-focused program (e.g., preference for female providers, mental health concerns with a specific gender focus such as MST or other interpersonal trauma, lifecycle issues such as pregnancy and parenting, complex medical comorbidity requiring collaborative care with women's clinic PCP). The fellow provides evidence-based psychotherapy to three individual clients, co-facilitates a DBT skills training group ("Jumpstart Your Coping Skills") with the fellow in Women's Mental Health and Trauma, and participates in a weekly case conference series. The fellow receives 30-minutes of weekly individual supervision with Dr. Hasser, as well as 30-minutes of group supervision with the fellow in Women's Mental Health and Trauma.
- **Women's Post 9-11 Integrated Care Clinic** – The Post 9-11 Integrated Care Clinic (OIC) provides a "one-stop" care visit for veterans accessing services at VA for the first time. A typical visit (which lasts approximately three hours) includes primary care, social work support, and a brief mental health assessment. The fellow conducts the mental health assessment, facilitates "warm hand-offs" to other ICC providers, and provides appropriate referrals for women veterans scheduled for this service. The fellow covers the ICC clinic every other week, which provides a unique opportunity for follow-up with patients on "off-weeks," either to provide additional assessment or short-term psychotherapy. Occasionally, the fellow may continue seeing the patient for an individual course of psychotherapy, providing continuity of care to the veteran. Finally, the fellow participates in a monthly ICC team meeting/case conference series.

- **Program Development and Evaluation** – The fellow, in collaboration with the fellow in Women's Mental Health and Trauma, is responsible for organizing the annual Women's Mental Health Program retreat. This is an all-day long event – typically occurring in the spring – that provides an opportunity for women's clinic mental health staff and trainees to re-connect with each other and their work. The retreat also features a concrete focus or "theme" designed to provide new content/ideas for program improvement and development. Past retreats themes have included integration of research and practice in women's mental health, restructuring the group therapy program and expanding telehealth services.

#### **Integrated Care and Health Psychology (approx. 30% time; supervisor: Jennifer Manuel, PhD)**

- **Move, Strength, and Wellness Program** – The Move, Strength, and Wellness (MSW) program is a 10-week, rolling admission, interdisciplinary, evidence-based, weight management program for obtaining a healthier lifestyle. The program incorporates nutrition, behavior change, cardiovascular exercise, and strength training while taking into consideration individual needs and preferences. The MSW team includes a dietician, dietician fellow, psychologist, and psychology fellow, who co-facilitate a weekly 90-minute group session. Veterans in this program also participate in a weekly off-site exercise class held at a local YMCA. The fellow leads the behavioral health portion of the group sessions, provides consultation during weekly team meetings, and is responsible for monitoring the mental health of program participants. Opportunities for data collection and analysis, as well as scholarly presentation of group outcomes are possible throughout the year. The fellow may also participate in MOVE! related program development and evaluation projects.
- **Health and Wellness Programs** – Throughout the year, the fellow may also participate in a number of other interdisciplinary health and wellness interventions based on interest. Opportunities include groups for smoking cessation, progressive tinnitus management co-lead with audiology, and general health and wellness drop-in groups through primary care. Additional opportunities for individual assessment, intervention, and team participation are offered through medical practice/primary care. The fellow receives one hour of weekly individual supervision with Dr. Manuel.
- **Motivational Interviewing (MI) Training and Coaching in Medical Practice** – Throughout the year, there are numerous opportunities for advanced training and supervision in MI. The fellow may also participate in MI training and feedback/coaching for medical providers (MDs, NPs, RNs, and LVNs) and trainees (internal medicine residents, NP trainees, pharmacy residents, and dietician fellows) in Medical Practice and other integrated care settings
- **Motivational Interviewing (MI) Training and Fidelity Monitoring Research:** While research is not a key focus of this fellowship, there are opportunities for MI-related clinical research. Current research projects seek to evaluate the effectiveness of innovative MI training methods and an examination of MI treatment fidelity via behavioral coding systems, such as the Motivational Interviewing Treatment Integrity Coding System (MITI).

#### **Behavioral Health Access Clinic (approx. 10% time; supervisor determined by timing of rotation and learning goals)**

- The Behavioral Health Access Clinic is the medical center's centralized point of contact for all mental health referrals. The Access Center (as it is commonly called) allows clinicians to work in an interdisciplinary team environment with psychiatrists, social workers, other faculty, and trainees. Fellows perform psychodiagnostic evaluations of adult veterans, make recommendations to specialty clinics, and provide

short-term psychotherapy as needed.

Core Faculty: John McQuaid, PhD, Jennifer Manuel, PhD, Caitlin Hasser, MD

### **3. Geropsychology**

The Fellow will develop knowledge and skill based competencies in assessment, intervention, and consultation based on the *Pikes Peak Model for Training in Professional Geropsychology* (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009), and the American Psychological Association's *Guidelines for Psychological Practice with Older Adults* (APA, 2013). Additionally, this training program is designed to be consistent with the fellowship requirements for Board Certification in Professional Geropsychology via the American Board of Professional Psychology (ABPP). We seek to help each fellow develop his or her identity as a professional geropsychologist in a flexible way that takes into consideration core geropsychology competencies, strengths and gaps in training based on prior experiences, and individual goals and areas of interest. The fellowship functions within the Department of Geropsychiatry at the San Francisco VA Medical Center (SFVAMC) and typically includes the following training settings:

#### **Community Living Center (CLC; 40-70% of time depending on optional rotations)**

The CLC is the major rotation for this fellowship and the fellow will likely spend a portion of their week in the CLC throughout the year. The primary supervising psychologist is Elizabeth Shumaker, PhD. This 120-bed facility is for veterans admitted for long-term skilled nursing or dementia care, respite, hospice, or short-stay rehabilitation. Veterans present with a wide range of psychological and neuropsychological conditions, often interacting with the medical and functional issues that require extended care and/or rehabilitation as well as psychosocial challenges. Psychological diagnoses may include major depression, PTSD, substance use disorders, bipolar disorder, anxiety disorders, schizophrenia, schizoaffective disorder, personality disorders, bereavement, end of life issues and adjustment disorders, among others. Neuropsychological conditions can include dementia, mild neurocognitive disorder, head injuries, stroke, and Parkinson's disease, among others. Referral questions include but are not limited to psychodiagnostic, cognitive, capacity, and risk assessment; behavioral assessment and management, often involving working with members of the interdisciplinary team including nursing staff; individual therapy; and motivational approaches including enhancement of treatment compliance. There is also the opportunity to develop a group. The fellow's primary area of focus may shift throughout the year to ensure breadth and depth of experience. For example, they may attend weekly interdisciplinary distressed behavior rounds based on the STAR-VA model as part of a focus on behavioral management for a portion of the year. Opportunities may also be available to provide supervision to externs or interns. Fellows regularly interact with providers from a variety of disciplines via interprofessional rounds as well as informal consultation, including geriatricians, social workers, recreational therapists, physical and occupational therapists, dieticians, pharmacists, psychiatrists, and nursing at all levels.

In 2007, the CLC launched the **Social Focus Cohort (SFC)**, a 15-bed unit based on a needs assessment focused on veterans with psychiatric diagnoses and/or personality disorders that were exacerbated by being in the CLC. The general purpose of the SFC is to assist veterans in achieving the highest possible level of psychological, behavioral, cognitive, and social functioning within the least restrictive level of care possible. The primary goal is to improve veterans' overall quality of life achieved through various groups, individual therapy, and community integration activities. SFC is an interdisciplinary team of providers with specialty expertise in mental health.

#### **Geriatric Mood Assessment Clinic (GMAC; approximately 20% of time)**

The fellow typically spends time in the GMAC throughout the year. This outpatient clinic includes opportunities to complete psychodiagnostic assessments and provide evidence-based individual and group therapy with older adult veterans using a variety of modalities. At least one group is typically co-facilitated with a staff social worker. Topics

evolve based on need, but may be focused on addressing depression, anxiety, PTSD, adjustment to illness, cognitive concerns, or other topic relevant to the geriatric population. Additionally, the fellow will attend in a weekly GMAC interdisciplinary team meeting led by the Chief of the Department of Geropsychiatry (Arnaldo Moreno, MD). Experience in outpatient neuropsychological evaluation may be available depending on the fellow's experience and/or desire to participate. The primary supervising psychologist is Dr. Jeremy Doughan.

### **Optional Rotations/Experiences**

The fellow may participate in the following optional rotations and experiences depending on their training goals and needs as well as supervisor availability.

**Intensive Management PACT (IMPACT, 30% or more for 6 or 12 months):** IMPACT (formerly PIM) is an elective rotation that provides fellows the opportunity to work with veterans with a high level of complexity and risk for acute care utilization. Intensive care management occurs within the context of a highly interprofessional team emphasizing team-based intervention. Sexual trauma, chronic pain, substance use/abuse, PTSD, depression, non-adherence to chronic diseases, and dementia are commonly seen in our population, which ranges in age from the 20s to the 90s. Individual, family and occasionally couple intervention and assessment occur most often in the home setting; however, fellows also gain experience in outpatient, inpatient and assisted living settings as well as co-visits with providers of other disciplines. The IMPACT team is located in San Bruno but provides care at multiple VA sites and in the community. In addition to a wide range of clinical experiences, opportunities for consultation, involvement in quality improvement/research, facilitation of team building, and coordination of care across medical and mental health teams abound. Lastly, quality improvement opportunities are typically integrated within this rotation. The primary supervising psychologist is Dr. Nate Ewigman.

**San Bruno Outpatient Geropsychology Clinic (20% or more for 6 or 12 months):** An elective rotation that provides fellows the opportunity to work with older veterans referred by primary care and mental health at a community-based outpatient clinic. This rotation predominantly involves outpatient psychotherapy as well as the opportunity to work within an integrated geriatrics primary care consult clinic. Thus, therapy cases range from behavioral medicine complaints such as insomnia and pain to mental health concerns such as depression and anxiety. There are also opportunities to be involved in neuropsychological and/or capacity testing as well as taking "warm hand-offs" from primary care. The primary supervising psychologist is Dr. Nate Ewigman.

**Hospice/ Palliative Care (~20% of time):** This service provides care to veterans with life-limiting and terminal illness, and their families. In this elective rotation, the fellow provides services to assist veterans and families with end of life care, such as individual and family therapy, brief cognitive and capacity assessments, mood and risk evaluations, and bereavement counseling. In addition to the 10 hospice beds within the CLC, there may also be opportunities to provide consultation/liaison services to the interdisciplinary hospice and palliative care team that receives consults for medically hospitalized patients throughout the SFVA main campus. The primary supervising psychologist is Dr. Jeremy Doughan.

**Pain Clinic (10-20% of time):** The Pain Psychology rotation is an opportunity for fellows to participate in interdisciplinary, medical-based clinics that take a multi-modal approach to the treatment of chronic pain conditions. Pain psychology services are offered at primary, secondary, and tertiary levels of care. Pain psychology is embedded in a number of different services, including Anesthesia, ARTS, and Medical Practice. An emphasis of this rotation is on learning how to work collaboratively within an interdisciplinary team setting, and facilitating therapeutic interventions in shared medical visits. In addition to psychology, disciplines represented in various pain services include anesthesia, occupational therapy, nutrition, physical therapy, pharmacy, psychiatry, internal medicine/primary care, and nursing. Fellows have the opportunity to participate in a number of different interdisciplinary assessment/treatment clinics (i.e., Anesthesia-Pain, Integrated Pain Team (IPT), co-lead weekly pain management groups, and/or provide individual therapy (MI, CBT, ACT,) for the management of chronic pain. The primary supervising psychologists in the Pain

Clinics are Drs. Sarah Palyo, Payal Mapara, and Erin Watson.

**Home Based Primary Care (HBPC)** The Home Based Primary Care (HBPC) program provides in-home primary medical care and psychosocial services for Veterans whose chronic medical conditions have made it difficult or impossible for them to access the outpatient clinics for the medical care they need. This experience would involve periodically shadowing an HBPC psychiatry or psychology provider as they provide in-home mental health services as well as sitting in on interdisciplinary team meetings. The primary supervisors are Dr. Arnaldo Moreno (psychiatrist) and the SFVA is currently in the process of hiring the psychologist.

#### **Didactics and Seminars**

Fellows are strongly encouraged to participate in SFVA's weekly Integrated Care Psychology Seminar, which includes a variety of didactic presentations and group supervision topics relevant to providing mental health services in this type of setting (e.g., risk assessment, diversity, adherence, chronic pain, insomnia). They are also expected to participate in a weekly national seminar designed to offer didactic training to geropsychology fellows at VAs throughout the country. Lectures are provided by faculty members from these training programs and topics include but are not limited to ethics, multicultural issues in aging, interprofessional collaboration, evidence-based assessment and intervention for a range of mental health and aging-related issues, supervision, and professional development (e.g., board certification). Several optional didactics are offered through the departments of Geropsychiatry, Geriatric Medicine, and Neuropsychology. There are also opportunities to present to a range of different professional disciplines both at the SFVAMC and at conferences if so desired.

#### **Committee Involvement**

The fellow will have the opportunity to participate in local committees based on his/her interest such as the Dementia Committee, Diversity Committee, Training Committee, and Disruptive Behavior Committee. We also encourage our fellows to consider national committee service to geropsychology organizations and are happy to provide support related to this process. Finally, the fellow is invited to attend a monthly geropsychiatry section meeting as well as CLC staff meetings to gain exposure to administrative perspectives and additional areas of professional development.

Primary Supervisor:

Elizabeth Shumaker, PhD, ABPP, Board Certified in Professional Geropsychology, CLC

Additional Supervisors:

Jeremy Doughan, PsyD, Clinical Geropsychologist, GMAC and Hospice/Palliative Care

Nate Ewigman, PhD, Staff Psychologist, IMPACT

Payal Mapara, PsyD, Staff Psychologist, Pain Clinic

Arnaldo Moreno, MD, Chief of Department of Geropsychiatry

Sarah Palyo, PhD, CPE, Clinical Director of the IPT and IPRP

Erin Watson, PsyD, Staff Psychologist, Pain Clinic

#### **4. Integrated Care Psychology (5 positions)**

The Integrated Care Psychology fellows spend most of their time working collaboratively in busy medical care clinic settings with other professionals including medicine attendings/fellows/residents, nursing staff, nutritionists, pharmacists, and social workers. They will have the opportunity to receive training in integrated care clinics throughout the San Francisco VA Healthcare System. The goal of the training program is to prepare fellows to be able to work independently in a variety of integrated care settings and formats and to interface effectively with medical staff and allied professionals to provide comprehensive patient-centered care.



The fellowship offers a wide range of experiences and is tailored to fit the needs and long term professional goals of trainees. Interprofessional communication is emphasized within various models of multidisciplinary and interdisciplinary care settings. Fellows are mentored in the complexities of the role of psychologist within healthcare teams. Fellows also have an opportunity to develop supervision skills in the ongoing supervision of pre-doctoral psychology trainees. Research opportunities exist and fellows are expected to be involved in research through either small project of their own or as part of an ongoing faculty project. There are additional opportunities for leadership, program development, program evaluation and quality improvement projects.

Clinical activities include: emphasis area evaluations and interviewing; assessment of cognitive, emotional, behavioral and personality functioning; differential diagnosis; psychotherapy with individuals, groups and couples; development and delivery of psycho-educational material and advanced interprofessional training through consultation with team members.

Applicants have the option to apply Integrated Care Psychology with a preference for their emphasis area (e.g., HIV and Liver Disease, Primary Care, Pain Psychology)

**Integrated Care Psychology Seminar:** Fellows attend a weekly Integrated Care seminar, led by Integrated Care faculty members. Topics include evidence-based interventions, communication skills, interprofessional collaboration, and professional development (e.g., CV review and job talk preparations).

#### ***4a. Integrated Care Psychology: HIV and Liver Disease***

##### Overview:

This unique fellowship includes an emphasis on the behavioral and mental health treatment of HIV and various liver diseases, primarily hepatitis C virus (HCV). The fellow is seen and respected as an integral member of the full interdisciplinary team of both the Infectious Diseases (ID) and Liver clinics. This fellowship also includes a rotation with the Addiction Recovery Treatment Services (ARTS) program, with training in substance use treatment that directly relates to and impacts their work with patients in the ID and Liver clinics. Through the course of the fellowship, the fellow will develop advanced competence in the behavioral and psychological treatment of concerns common with patients living with HIV or liver disease, such as stigma, depression, anxiety, substance use/abuse, sexual dysfunction, cognitive impairment, insomnia, adherence issues, and disclosure concerns. The fellow will receive training on and flexibly apply evidence-based treatments, such as ACT, CBT, IPT, relapse prevention, motivational interviewing, and psychoeducation interventions.

This fellowship is part of a national fellowship program which includes psychology residencies across the nation with an emphasis on the behavioral and mental health treatment of patients living with hepatitis C, advanced liver disease, and HIV; thus, you will have the added support of a national VA program (e.g. national seminar didactic series) and a cohort of peer colleagues for additional consultation and collaboration.

##### Program Structure and Clinical Activities:

The integrated care psychology in HIV and Liver Disease fellow will work as part of two dynamic and supportive interdisciplinary teams, which includes nurses, physicians, social workers, and other mental health providers. The majority of the fellow's clinical activities are directly related to the ID and Liver clinics, including providing individual and group therapy, conducting treatment-focused psychosocial evaluations, and providing in-clinic triage and consultation services. Additional clinical opportunities within this fellowship include: learning supervision skills via supervising a psychology trainee, providing services through telemental health, and opportunities for program development. Weekly seminars and didactics related to HIV and Liver clinical care are provided, as well as training with a heavy focus on diversity and multicultural competence/humility. The fellow will also participate in staff meetings,

treatment conference meetings, and multidisciplinary case conferences and will receive both individual and group supervision from licensed providers. This fellowship allows for flexibility in gaining desired experience and opportunities across our health care system, including a significant amount of work with veterans who identify as LGBTQ, community outreach efforts, collaboration with Primary Care Psychology and other integrated care programs.

The fellow's time will be spent as follows:

**Infectious Diseases (ID) Clinic (~30% time):**

Through work in the ID clinic, the fellow will develop competence in the medical and psychosocial aspects of HIV clinical care. Medical aspects include: history and course of the HIV epidemic in this country and abroad, knowledge of HIV risk factors, knowledge of disease progression and HIV-associated cognitive impairment, and working knowledge of current HAART medications, common side effects, and barriers to medication adherence. Psychosocial concerns specific to those living with HIV/AIDS include adjustment to and coping with new diagnosis; disclosure of HIV-positive status to sexual partners, friends, and family; and managing HIV-related stigma. Common stressors associated with disease progression and/or longer term survival include decision about employment/disability; affected family and caregiver stress; grief (about change in own functional status and/or friends/partners who have died); and end-of-life issues. Other comorbid concerns often seen in our clinic include: depression, anxiety, substance use/abuse, sexual dysfunction, stress, cognitive impairment, insomnia, and chronic pain.

The fellow will facilitate brief assessment and interventions (short and long-term individual and group therapy) for the above listed concerns and crisis management as needed. The fellow provides coverage for one of two weekly ID Clinics where your role includes seeing patients for mental health triages and brief behavioral health interventions, making appropriate referrals, providing consultation to the other providers, and other aspects of primary care and health psychology. In this capacity, the fellow gains autonomy and competence in providing mental health services in the context of a fully integrated co-located team while having direct access to a supervising psychologist as needed. The fellow is also involved in providing psychoeducation and risk reduction counseling for HIV-negative veterans who initiate pre-exposure prophylaxis (PrEP) to reduce risk of HIV transmission and may occasionally offer supportive therapy to more seriously ill patients on inpatient medical units as needed.

**Liver Clinic (~30% time):**

The fellow will provide coverage for the weekly Liver Clinic with a focus on veterans with Hepatitis C. During the Liver Clinic the fellow will be on-call to offer consultation, assessment and triage, brief behavioral health intervention, and crisis management as needed. The fellow will offer short term harm reduction or treatment readiness counseling as well as couples and family psychoeducation for patients with hepatitis C who are preparing to initiate antiviral treatment or who are on treatment and require additional support. The fellow will work closely with clinic providers (physicians, pharmacists, social workers, and nurses) on a variety of issues, including risk assessment, strategies to increase treatment adherence, and referral to appropriate mental health and/or substance use treatment programs. The primary role of the fellow is two-fold: 1) to help prepare veterans with Hepatitis C for treatment, which includes ensuring that a veteran is assessed for untreated/undertreated mental health diagnoses, history of violence, suicidality, depression, substance use, and to the extent possible the likelihood that a veteran will be treatment adherent; that a veteran is provided with brief intervention as necessary for depression, anxiety, anger, insomnia, and/or substance use; and 2) to support veterans who are on antiviral medications to ensure successful treatment, which includes treatment adherence in the management of side effects. Common stressors associated with initiation of antiviral treatment for HCV include decision making around treatment and reduction of risk behavior prior to and during treatment (e.g. alcohol use). Given that highly efficacious treatments are available for the treatment of hepatitis C, veterans who remain to be treated are often not engaged in care and/or have significant psychosocial concerns that impact their engagement with the healthcare system. As such, the fellow can have an instrumental role in outreach efforts and program development aimed at engaging our veterans in care. The fellow may also follow

patients with hepatitis C who live in rural areas through the use of telemental health (TMH) technology and in collaboration with mental health services in the Community Based Outpatient Clinics (CBOCs).

The fellow will also gain an understanding of: history and course of the hepatitis C virus epidemic in this country and specifically with the veteran population; current prevalence/incidence rates of infection; knowledge of HCV risk factors, barriers to medical care, and health behaviors that are common among those who are currently infected or those at higher risk for infection; knowledge of current HCV testing procedures and HCV disease progression; working knowledge of treatment options, common side effects and barriers to medication adherence; and treatment issues specific to HIV/HCV co-infection.

#### **Additional Minor Rotation (~10% time)**

The fellow will participate in an additional minor rotation that will encompass approximately 10% (~4 hrs) of their week. If the fellow does not have experience working with patients with addiction or substance use concerns, this minor rotation will automatically need to be with the Addiction Recovery Treatment Services (ARTS) program, outlined below. If the fellow has ample experience with substance use, the fellow will work with the primary supervisor to choose a minor rotation that will allow you to round out your training experiences and/or gain additional experiences in integrated care. Options for additional integrated care rotations include: pain psychology (e.g. Integrated Pain Team), facilitating bariatric surgery evaluations, and the ImPACT (Intensive Management Patient Aligned Care Team) program.

#### *Addiction Recovery Treatment Services Program*

The Addiction Recovery Treatment Services (ARTS) within the Mental Health Service is comprised of several program areas that address the individual and diverse treatment needs of veterans with substance use disorders (SUD) and co-occurring psychiatric disorders. Please see the ARTS program section of this brochure for full descriptions of the training clinics. The ID/Liver psychology fellow will work closely with our substance use disorders program; however the exact roles will be collaboratively developed based on the fellow's training goals. This experience could include a range of clinical activities, including individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. Other opportunities that may be possible include providing consultative services, administering a Contingency Management program, and developing/implementing a new group to address identified needs. Fellows will have the opportunity to gain experience with various interventions including motivational enhancement, CBT relapse prevention, abstinence-based interventions, harm reduction approaches and treatment of co-occurring psychiatric disorders. Program development opportunities may also be possible. Fellows are expected to participate in a weekly substance use seminar. Fellows will complete their training year with a strong foundation of addiction treatment skills as well as an ability to adapt and apply those skills for patients in ID, Liver, and other specialty medical settings.

#### **Supervision and Training Opportunities (~20% time)**

The fellow will be provided supervision with licensed psychologists affiliated with the ID/Liver Clinics and the ARTS program, along with other integrated care psychologists as appropriate. While individual supervision will include case management, it will also focus strongly upon professional development within the clinics and VA setting, ethical decision-making, multicultural and diversity factors, issues concerning program development, professional identity, interface between clinics, supervision and work/life integration. The fellow may have opportunities to supervise interns and externs on individual treatment, co-lead groups with these trainees as the senior clinician, and receive supervision from staff focused on acquisition of this skill.

There are a variety of opportunities for the fellow to learn about and gain experience in HIV and liver disease clinical care, integrated care, health psychology, behavioral medicine, substance use treatment, and topics related to diversity/multiculturalism. The fellow will participate in two didactic/clinical meetings, one through the ARTS program and one through the National HIV/Liver Disease Seminar Series for Psychology Fellows. The fellow will also attend

staff meetings with interdisciplinary staff from the ID and Liver clinics.

**Additional Opportunities (~10%)**

The fellow may choose to participate in additional experiences that will further their professional development and are in line with their specific training goals. Opportunities for program development include: develop and implement new groups, create new protocols to streamline clinical care, and/or reduce barriers to care within the ID and Liver clinics. Other unique experiences through this fellowship include opportunities to work in our community-based Downtown clinic, teach and/or give presentations to a national audience through the SCAN-ECHO (Specialty Care Access Network-Extension for Community Healthcare Outcomes) program, and assist in the organization of community outreach events (e.g. World AIDS Day celebration). Past fellows have also been given opportunities to collaborate on grants, manuscripts, and quality improvement projects depending on interest and availability. Engagement with the Psychology Diversity Committee and/or participation in psychology staff meetings is also available and encouraged.

**Core Faculty and Primary Supervisor:**

William Hua, PhD, Staff Psychologist, ID and Liver Clinics

**Additional Faculty:**

Maggie Chartier, PsyD, MPH, National Public Health Clinical Psychologist

Chris Galloway, PhD, Staff Psychologist, Addiction Recovery Treatment Services Program

**Infectious Disease Clinical Team:**

Harry Lampiris, MD, Acting Chief, Infectious Disease

Robert Daroff, MD, Staff Psychiatrist

Joseph Wong, MD, Staff Physician

Paul Sullam, MD, Staff Physician

Elda Kong, NP, Nurse Practitioner

Mai Vu, PharmD, Clinical Pharmacy Specialist

Reginald Hilarie, MSN, RN, Charge Nurse

**Liver Clinical Team:**

Alex Monto, MD, Chief Hepatologist

Helen Yee, PharmD, Clinical Pharmacy Specialist

Erica Trimble, NP, Nurse Practitioner

Cyndi Bakir, CNS, Clinical Nurse Specialist

**4b. Integrated Care Psychology: Primary Care**

The fellowship is integrated within the interprofessional Center of Excellence for Primary Care Education (referred to as EdPACT). We are one of seven Centers of Excellence in Primary Care Education (COE) throughout VA. The overall mission of the EdPACT is to develop and implement a model of patient-centered, interprofessional education that advances primary care within and beyond the VA. The EdPACT training model brings together teams of health care providers and staff, including internal medicine (IM) residents, nurse practitioner (NP) students, psychology postdoctoral fellows, pharmacy residents, nutrition fellows, and social work trainees to build core knowledge and skills that they apply to their own individual patient panel, a shared team panel of patients, and to the clinical systems in which they work. This educational model incorporates design principles for optimal workplace learning, using experiences from clinical practice as the primary curricular material, establishing a culture and supportive working relationships that reinforce patient-centered approaches to care, and activating providers/staff/trainees to take

responsibility for improving patient care. Communication, teamwork, and continuous performance improvement are the primary foci of interprofessional skill-building.

Fellows in this emphasis area will develop specific skills and competencies working in integrated primary care and specialty care settings, including: brief assessment and triage, behavioral interventions to address health issues (e.g., diabetes, tobacco use, weight management, chronic pain), assessment and treatment of common mental health conditions that arise in medical settings (e.g., substance abuse, depression, anxiety, suicide risk), and interprofessional communication and consultation. Emphasis is placed on fellows learning health promotion and disease prevention interventions and participation in multidisciplinary and interdisciplinary care within the Patient Aligned Care Teams (PACT) along with research, leadership and supervision in behavioral medicine, health services, and integrated care. The fellows work in several primary care/integrated care settings including: Medical Practice – Mental Health Integrated Clinic (MP-MHIC); Downtown Clinic; San Bruno Community Based Outpatient Clinic (CBOC); Women's Clinic; Pain Clinic; Infectious Disease Clinic and Liver Clinic; Health Promotion Disease Prevention Program (HPDP), Intensive Management PACT (IMPACT), Bariatric and Managing Obesity in Veterans Everywhere! (MOVE!) services.

The overall philosophy of the primary care emphasis area is best described in terms of the scholar practitioner and junior colleague models, consistent with the overall postdoctoral psychology training program. Fully embracing a generalist training model, the psychology fellows in the primary care emphasis area respond to a broad range of consultation requests. Mental health triage represents a significant component of their experience in primary care/integrated care settings. This involves meeting with veterans who screen positive for mental health conditions or for whom their primary care providers feel that a connection to mental health services would be beneficial. Veterans are assessed for the full range of mental health conditions and harm risk and referred onto appropriate mental health clinics. Fellows also provide brief, focused health related interventions. Opportunities for the development of group treatments involve cross-discipline collaboration.

Another major component of the psychology fellows' experience in primary care settings involves behavioral disease management. As behavioral medicine experts, the fellows provide brief interventions aimed at helping veterans to better manage diseases such as diabetes, hypertension, pulmonary, arthritis, HIV/HCV, chronic pain, and coronary disease. Assessment is another component of the fellows' training. Referral questions include assessment of dementia, competency, and independent living issues.

#### *Required Rotations:*

1. Medical Practice – Mental Health Integrated Clinic (MP-MHIC) (8 hours/week): In Medical Practice, fellows function as members of PACT teams and works collaboratively with primary care staff and trainees in a team-based approach to address patients' medical and mental health concerns. Fellows provide same day mental health evaluations and triage. Fellows provide evidence-based brief interventions for health behaviors including smoking cessation, alcohol and drug use, medication adherence, and sleep hygiene. Fellows receive an hour of individual supervision and an hour of group supervision each week.

2. Downtown VA Community Based Outpatient Clinic (CBOC) or San Bruno CBOC (8 hours/week): Fellows will either work at the Downtown CBOC or San Bruno CBOC to learn how to function in CBOC-based PACTs. The Downtown CBOC The Downtown CBOC serves as a Comprehensive Homeless Center, providing a range of psychosocial and health care services. Each fellow is fully integrated as a member of the Downtown PACT/EdPACT team. The staff psychologist at the clinic, Dr. Michael Burnias, serves as a designated supervisor. At the San Bruno CBOC, each fellow is fully integrated as a member of the PACT/EdPACT team. The fellows receive supervision from staff psychologists at San Bruno in addition to their primary supervising psychologist. The on-site delegated supervisors are Dr. Nate Ewigman (Thursdays) and Psychologist (TBD) (Tuesdays).

*Elective Rotations:*

1. Pain Clinic (6-8 hours/week): The Pain Psychology rotation is an opportunity for fellows to participate in interdisciplinary, medical-based clinics that take a multi-modal approach to the treatment of chronic pain conditions. Pain psychology services are offered at primary, secondary, and tertiary levels of care. Pain psychology is embedded in a number of different services, including Anesthesia, ARTS, and Medical Practice. An emphasis of this rotation is on learning how to work collaboratively within an interdisciplinary team setting, and facilitating therapeutic interventions in shared medical visits. In addition to psychology, disciplines represented in various pain services include anesthesia, occupational therapy, nutrition, physical therapy, pharmacy, psychiatry, internal medicine/primary care, and nursing. Fellows have the opportunity to participate in a number of different interdisciplinary assessment/treatment clinics (i.e., Anesthesia-Pain, Integrated Pain Team (IPT)), co-lead weekly pain management groups, and/or provide individual therapy (MI, CBT, ACT,) for the management of chronic pain. The primary supervising psychologists in the Pain Clinics are Drs. Sarah Palyo, Payal Mapara, and Erin Watson.

2. Women's Clinic (4-6 hours/week): This clinic provides primary care and mental health care to female veterans. Women are one of the fastest growing segments of the veteran population and are projected to nearly double within the next few years to comprise up to 14% of VA health care users (Women Veterans Health Strategic Health Care Group, Nov 2008). The training of clinicians in the provision of quality, gender appropriate care is a high priority for the VA. Many of the patients seen in this clinic suffer from PTSD and MST. Dr. Maithri Ameresekere and Dr. Jacy Leonardo serve as Women's Clinic supervisors.

3. Health Promotion and Disease Prevention Program (HPDP) (2-4 hours/weekly): The fellows within the HPDP program provide Motivational Interviewing (MI) training and coaching to Integrated Care staff (MDs, NPs, RNs and LVNs). There are opportunities for fellows to co-lead MI trainings and to provide coaching/feedback to medical staff. The primary supervising psychologists for this program are Dr. Jen Manuel and Dr. Brian Borsari.

4. Managing Obesity in Veterans Everywhere! (MOVE!) (2-4 hours/week):

The Move, Strength, and Wellness (MSW) program is a 10-week interdisciplinary, evidence-based, weight management program for obtaining a healthier lifestyle. The program incorporates nutrition, behavior change, cardiovascular exercise, and strength training while taking into consideration individual needs and preferences. The MSW team includes a dietician, psychology fellow, and recreational therapist who co-facilitate a weekly 90-minute group session. Veterans in this program also participate in a weekly off-site exercise class. The fellow leads the behavioral health portion of the group sessions, provides consultation during weekly team meetings, and is responsible for monitoring the mental health of program participants. Opportunities for data collection and analysis, as well as scholarly presentation of group outcomes are possible throughout the year. The fellow may also participate in MOVE! related program development and evaluation projects. The primary supervising psychologist is Dr. Jen Manuel.

5. Infectious Diseases and Liver Clinics (4-8 hours/week for 6 or 12 months): These interdisciplinary clinics provide fellows with the opportunity to provide behavioral medicine and integrated care psychology services to veterans living with HIV or hepatitis C, including the treatment of stigma, depression, anxiety, substance use/abuse, sexual dysfunction, insomnia, adherence issues, and disclosure concerns. Clinical opportunities include: brief individual therapy, psychoeducational groups, treatment-focused mental health evaluations, and consultation services to medical providers. There are also a number of opportunities for program development (e.g. create a new psychotherapy group, rapid HIV/HCV testing) or involvement in quality improvement projects to increase access to care related to these two clinics. The primary supervising psychologist is Dr. William Hua.

6. Intensive Management PACT (IMPACT; 8+ hours/week for 6 or 12 months; optional, also available to geropsychology fellows): IMPACT (formerly PIM) is an elective rotation that provides fellows the opportunity to work

with veterans with a high level of complexity and risk for acute care utilization. Intensive care management occurs within the context of a highly interprofessional team emphasizing team-based intervention. Sexual trauma, chronic pain, substance use/abuse, PTSD, depression, non-adherence to chronic diseases, and dementia are commonly seen in our population, which ranges in age from the 20s to the 90s. Individual, family and occasionally couple intervention and assessment occur most often in the home setting; however, fellows also gain experience in outpatient, inpatient and assisted living settings as well as co-visits with providers of other disciplines. In addition to a wide range of clinical experiences, opportunities for consultation, involvement in quality improvement/research, facilitation of team building, and coordination of care across medical and mental health teams abound. Lastly, quality improvement opportunities are typically integrated within this rotation. The IMPACT team is located in San Bruno but provides care at multiple VA sites and in the community. The primary supervising psychologist is Dr. Nate Ewigman.

7. Bariatric Consultation Clinic (6-8 hours/week for 6 or 12 months): The Bariatric Clinic is an elective rotation and provides fellow the opportunity to act in a behavioral health consultant role to our Bariatric Surgery team. Fellows in this rotation learn to facilitate comprehensive psychosocial evaluations for patients considering weight loss surgery (WLS). These health-specific evaluations include extensive chart reviews, intake evaluations, collateral evaluations, psychiatric assessment, and feedback sessions. There are opportunities for fellows to supervise health psychology externs rotating through this service. The primary supervising psychologist is Dr. Erin Watson.

**Coordinator of Primary Care Focus Area:** Jennifer K. Manuel, Ph.D.

**Core Faculty:**

Terri Huh, Ph.D., PCMHI Medical Practice Clinic  
Jennifer Manuel, Ph.D., Health Behavior Coordinator, HPDP, Associate Director for Psychology, EdPACT  
Payal Mapara, Psy.D., Staff Psychologist, Pain Clinic  
Sarah Palyo, Ph.D., CPE, Clinical Director of the PRP  
Erin Watson, Psy.D., Staff Psychologist, Pain, Bariatric, and ACT Clinics

**Additional Faculty:**

Maithri Ameresekere, M.D., Staff Psychiatrist, Women's Clinic  
Brian Borsari, Ph.D., Health Behavior Coordinator, HPDP  
Michael Burnias, Psy.D., Staff Psychologist, Downtown Clinic  
Nate Ewigman, Ph.D., Staff Psychologist, PACT Intensive Management (PIM)  
William Hua, Ph.D., Staff Psychologist, Infectious Disease and Liver Clinics  
Jacy Leonardo PhD, MA, Staff Psychologist, Women's Clinic

**4c. Integrated Care Psychology: Pain Psychology**

**Overview:**

This emphasis area focuses on learning how to work in interdisciplinary medical teams that focus on the treatment of chronic pain. Fellows will work with many different disciplines, including physical therapy, occupational therapy, nutrition, chaplain services, pharmacy, nurse practitioners, nurses, and physicians (anesthesiologists and internal medicine physicians). Fellows will learn to complete biopsychosocial evaluations that include assessment of pain, opioid risk, and suicide risk. Fellows will have the opportunity to learn how to provide psychoeducation related to the neuroscience of pain, Cognitive Behavioral Therapy, and Acceptance and Commitment Therapy for chronic pain. An emphasis will be placed on interdisciplinary care coordination and treatment planning with highly complex patient presentations, often including mental health and substance use disorder comorbidities.

The San Francisco VA offers pain management services that address all aspects of the VA's Stepped Care model of

pain from the primary care level (Integrated Pain Team) through tertiary pain rehabilitation services (the Intensive Pain Rehabilitation Program), as well as several consultation services (SCAN ECHO for chronic pain, spinal cord stimulator evaluations, Veterans' Integrated Periop Clinic). Fellows will have a chance to participate a full range of services, which will also offer experience working in different models of interdisciplinary pain care.

The following rotations for this emphasis area are as follows:

1. Primary Care Psychology (required)– (16 hours/week): Fellows will be required to develop competency in working as an integrated provider in primary care. This would occur at one of two different primary care sites: Medical Practice (located at the San Francisco VA main campus) or the San Bruno Community Based Outpatient Clinic (CBOC). Fellows will function as members of PACT teams and work collaboratively with primary care staff and trainees in a team-based approach to address patients' medical and mental health concerns. Fellows provide same day mental health evaluations and triage. Fellows provide evidence-based brief interventions for health behaviors including pain, smoking cessation, alcohol and drug use, medication adherence, and sleep hygiene. Fellows will facilitate a pain group at the San Bruno Clinic. Fellows will receive one hour of supervision at each site.

2. Integrated Pain Team (optional; 8 hours/week):

The Integrated Pain Team (IPT) assists patients in optimizing non-opioid pain management and helps decrease risk associated with opioid use. This team includes a physician or nurse practitioner, pain psychologist, and pain pharmacist and provides services in-person at SFVA and via video conferencing to the Santa Rosa, Ukiah, Clearlake, and Eureka CBOCs. Fellows assigned to this team will learn the role of a psychologist in a fast-paced, highly integrated pain team. An emphasis will be placed on assessment and treatment planning for patients with complex medication regimens, chronic pain conditions, and possible opioid-related risk, substance use disorders, and/or mental health conditions. Fellows may also assist with the leading of CBT for chronic pain groups, in-person or by video conference.

3. Interdisciplinary Assessment Clinic (optional; 4 hours/wk):

Housed within the Anesthesia-based, specialty care Pain Clinic, the Interdisciplinary Assessment Clinic provides evaluations for the purpose of comprehensive treatment planning and consideration for enrollment in the Intensive Pain Rehabilitation Program (IPRP). Fellows will get to work alongside Anesthesiologists as they evaluate for appropriateness of image-guided interventional procedures, spinal cord stimulators, and medication options. They will get to observe how a Physical Therapist evaluates, treats, and educates about chronic pain. Fellows will also learn about complex care coordination, as performed by the Pain Clinic RN. Fellows will learn how to complete complex biopsychosocial evaluations for treatment planning purposes and clearance for the IPRP.

4. Intensive Pain Rehabilitation Program (optional; 4-6 hours/wk):

The Intensive Pain Rehabilitation Program (IPRP) is the CARF-accredited tertiary care program for VISN 21. It is a 12-week, three day per week group-based program in which patients with highly complex chronic pain conditions work with an interdisciplinary team on optimizing pain self-management and achieving functional goals. The IPRP team includes psychologists, a physical therapist, an occupational therapist, a registered dietitian, a nurse, a pharmacist, and chaplains. Fellows will become proficient in the application of CBT for chronic pain and/or ACT to a tertiary care population. Fellows will participate in weekly team meetings.

5. Veteran Integrated Periop Clinic (optional; 4 hours/wk):

The Veteran Integrated Periop Clinic (VIP) is a multidisciplinary team of providers who work with patients prior to orthopedic surgeries in order to optimize post-surgical outcomes and pain management. The role of the psychologist is to represent the pain management perspective during team meetings, which include a hospitalist, geriatrician, social worker, occupational therapist, physical therapist and nurse. Fellows will attend team meetings and then see patients for brief educational sessions to prepare them to manage their pain after surgery.



7. Pain Psychology Clinic, Spinal Cord Stimulator Evaluations, and Consult Management (optional; 4 hours/wk):  
Fellows can have the opportunity to see patients with chronic pain for individual treatment sessions. Treatment modalities include CBT for chronic pain and ACT. Most patients in the pain management services are encouraged to attend groups, so individual sessions are reserved for those with scheduling difficulties and the most complex presentations who may be inappropriate for a group setting.

Psychological evaluations are required for all patients prior to trial of an implantable spinal cord stimulator. Psychology works closely with Pain Clinic Anesthesiologists to determine appropriateness of candidates for a spinal cord stimulator trial. Fellows will learn how to perform an in-depth, two-hour psychological evaluation for a spinal cord stimulator.

Fellows will also assist in screening patients for pain psychology and other behavioral medicine services by phone, which allows for experience in brief triage and treatment planning.

8. VISN 21 Chronic Pain SCAN ECHO (required; 2-3 hours/month):

The VISN 21 Pain SCAN ECHO is a provider-to-provider virtual consultation service and educational opportunity provided by an interdisciplinary team of pain specialists (pain physician, psychologist, physical therapist, pharmacist, and addictions psychiatrist). Consults are submitted to the SCAN ECHO team to review and discuss on monthly calls. Additionally, providers from all across the VISN and the VA system join the calls to learn from the case being discussed and hear the didactic presentations by the panelists. Fellows will learn about the consultative role of the pain psychologist on the team, participation in case discussion, and provide presentations.

**Core Faculty:**

Michael Burnias, Psy.D., Staff Psychologist, Downtown Clinic  
Terri Huh, Ph.D., Staff Psychologist, PCMHI Medical Practice Clinic  
Payal Mapara, Psy.D., Staff Psychologist, Pain Clinic  
Sarah Palyo, Ph.D., CPE, Clinical Director of the IPRP  
John Sorrell, Ph.D., Staff Psychologist, Pain Clinic  
Erin Watson, Psy.D., Staff Psychologist, Pain, Bariatric, and ACT Clinics

**Pain Management Clinical Team Members:**

Janet Faccenda, RD  
Caitlin Garvey, NP  
Sara Jacobs, PharmD  
Alain Lartigue, MD  
Kathryn Schopmeyer, DPT  
Karen Seal, MD  
Karin Sinavsky, MD  
Gaylene Simmons, OTR/L  
Elizabeth Son, PharmD, PhD  
Christina Tat, PharmD  
Vicki Rumayor, RN  
Chaplain Jon Wright

## **5. Dr. Stephen Rao Interprofessional LGBT Healthcare**

*In reviewing the following description of the Interprofessional LGBT Health Care Fellowship, please be aware this fellowship closely follows the Developmental Model of Training/Supervision. The fellowship not only contains a number of core experiences but also provides opportunities for additional clinical experiences. These are influenced by the fellow's own areas of expertise, training interests, and general competencies.*

The fellow in this emphasis area will serve LGBTQ Veterans in the main Medical Center, local Community-Based Outpatient Clinics (CBOCs), and community settings. Under the supervision of staff psychologists affiliated with the Fellowship, the LGBTQ health care fellow will provide individual psychotherapy, group psychotherapy, and consultation visits for LGBTQ Veterans. The fellow will support the hub of VA's health care delivery by providing integrated and coordinated health care focused on prevention, wellness, and chronic disease management. Additionally, the fellow will conduct quality improvement projects in order to improve healthcare delivery and consistently elevate the "voice of the LGBT Veteran" with ongoing program evaluation.

As a core component of this fellowship, the fellow will also spend time (1) coaching, consulting, and training other VA providers to deliver clinically and culturally competent care for LGBTQ Veterans; (2) developing training modules for fellows, interns, externs, residents, and other clinical staff on personalized and proactive LGBTQ health care; and (3) collaborating with VA Leadership to overcome system obstacles, build community alliances, and sustain services and resources for building an informed VA environment and culture that empowers all Veterans and families we serve.

A number of core rotations and clinical experiences comprise this specialty fellowship:

1. Infectious Disease and Liver Clinics (8 hours/week for 12 months): These interdisciplinary clinics at the main Medical Center provide the fellow with the opportunity to deliver behavioral medicine and integrated care psychology services to veterans living with HIV and liver diseases, including treatment that focuses on: stigma, adherence concerns, depression, anxiety, substance use/abuse, sexual health, insomnia, and disclosure concerns. Clinical opportunities include: brief individual therapy, psychoeducational groups, treatment-focused mental health evaluations, consultation services to medical providers, and program development and evaluation in both clinics. See above description for *Integrated Care Psychology: HIV and Liver Disease* for more complete description. The supervising psychologist for this rotation is Dr. William Hua.
2. Downtown Community-Based Outpatient Clinic (CBOC) (1 day/week for 12 months): The Downtown CBOC is an accredited, comprehensive homeless center which offers Veterans a number of services, including access to therapy, housing, and employment. The fellow will be able to provide services to a largely homeless, low-SES, ethnically diverse population of Veterans. The fellow facilitates a support group for gay, bisexual, and/or questioning men at this CBOC. The Downtown CBOC is located in the SoMa (South of Market St.) area of San Francisco and is easily accessible by public transportation. The supervising psychologist for this rotation is Dr. Michael Burnias.
3. Rotation in Transgender Health Care (2 days/month for 12 months): Through connection with Endocrinology, Primary Care, and Social Work, the fellow is expected to staff a bi-monthly 4-hr trans clinic where they will complete evaluations for readiness for cross-sex hormone treatment being initiated at the SFVA. The fellow may also be asked to complete evaluations for readiness for gender

affirming surgeries that are being performed in the community, as well as complete telephone screenings with Veterans referred to this clinic. The fellow also facilitates a support group for trans-identified Veterans at the main Medical Center. The supervising psychologist for these experiences is Dr. Kaela Joseph. **NOTE:** Although the VA does not currently perform surgical interventions for the purpose of treatment of Gender Dysphoria, the current political climate indicates this *may* change in the relatively near future. **If so**, the fellow can expect to complete readiness evaluations for surgical interventions performed at the SFVA Medical Center or with affiliated partners as there is still a relatively small number of surgeons trained to perform surgical interventions for gender dysphoria (i.e., genital surgeries).

4. Research and/or Program Development (6-8 hours/week for 12 months): For the 2018-2019 training year, the fellow will be the sixth LGBT health care fellow since the initiation of this specialty fellowship at the SFVA in 2013-2014. Given the rise of focus on the LGBTQ community and especially our Veterans, the fellow is expected to continue the fellowship's legacy of needs assessment, outreach, program development, and/or research. Past fellows have completed various projects, including dissemination of an adapted Safe Space training for VA staff, securement of grants related to the reduction of risky sexual behaviors in at-risk populations, coordination of an LGBT Pride event at the SFVA Medical Center, and development of Peer Support Specialist positions for female and trans veterans. Community outreach events have included participating in the Annual San Francisco Pride Event or local stand downs. For fellows interested in publication, supervisors affiliated with the LGBT Fellowship and/or Medical Center will work with you to determine ways in which you can turn quality improvement projects into publishable works. This may include help identifying appropriate journals for publication, as well as help organizing papers to follow a QI model.
5. Neuropsychological Evaluations (variable: about 2 throughout the year): Given the potential impact of HIV/AIDS progression on neurocognitive functioning, an additional training opportunity may exist to complete neuropsychological evaluations through the Infectious Disease Clinic. The supervising psychologist for this experience would be Dr. Jeremy Doughan. This clinical experience will remain contingent on the fellow's relevant experience and supervisor availability.
6. Additional Clinics/Supervision (variable): Each fellow is encouraged to consider their personal training interests and competencies when electing to pursue clinical experiences in differing clinics throughout the SFVA. In the past, fellows have trained in the Substance Use and PTSD clinic (SUPT) or Women's Clinic. Individual competencies will be evaluated when determining supervisory opportunities within specific clinics.
7. Conference Calls with National LGBT Health Care Fellowship (1x/month): The fellow will have monthly phone calls with the LGBT fellows across all the VA sites (currently 9). These calls are often led by the National LGBT Health Care Fellowship Didactic Coordinator, Kile Ortigo, PhD, who is an alum of this fellowship from the SFVA. Didactic trainings are identified by the existing fellows.
8. Didactics/Trainings: During the first half of the fellowship year (~6 months), the fellow is expected to attend a weekly seminar focused primarily on sexuality, including differing expressions of sexuality, sexual relationships, and treatment of sexual dysfunctions. During the second half of the training year (also ~ 6 months), the fellow is expected to co-facilitate this weekly seminar. This seminar currently coincides with a national SCAN-ECHO that is in its pilot phase of development. As the SCAN-ECHO program grows and develops, there may be minor changes to the structure and frequency of the seminar. While co-facilitating in the second part of the year, the SCAN-ECHO can be an excellent

opportunity for the fellow to gain experience with telecommunication technology, as well as presenting on a national platform.

Please contact Dr. Michael Burnias for further details.

Primary Supervisors:

Michael Burnias, PsyD, Staff Psychologist, Downtown CBOC

Additional Core Faculty:

William Hua, PhD, Staff Psychologist, Infectious Disease and Liver Clinics

Kaela Joseph, PhD, Staff Psychologist, Women Veterans Program Manager, Trans Health Clinic

Jeremy Doughan, PsyD, Staff Psychologist, Geropsychology

**6. Posttraumatic Stress Disorder Treatment and Returning Veterans (PTSD & RV)**

The fellow assigned to this focus area spends ~38 hrs/wk on the PTSD Clinical Team (PCT) and ~2 hrs/wk participating in Psychology Program activities. The fellow's roles and responsibilities are varied, and described in detail below.

While the fellow in PTSD & RV has the opportunity to work with veterans from all eras, the focus of this fellow's clinical responsibilities involves working with post-09/11 veterans who have served in the wars in Iraq and Afghanistan (Operation Iraqi Freedom [OIF], Operation Enduring Freedom [OEF] and Operation New Dawn [OND]). Because many of these veterans are struggling with substance abuse problems and other high-risk behaviors along with ambivalence about entering formal treatment, a special focus is on assessing issues of risk, and using motivational interviewing and harm reduction to support the veteran in identifying and working toward his/her self-identified goals for treatment.

PCT (95% time): The Posttraumatic Stress Disorder Clinical Team (PCT) at San Francisco VA Health Care System is one of the largest in the nation with regard to clinical activity. Our PCT specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We serve a predominantly cisgender male population ranging in age from 18 to 90+ years, although the number of cisgender women and transgender people accessing services is increasing. Our population is quite diverse, with multiple ethnicities (significant numbers of Filipino American veterans), ages, sexual orientations, and levels of SES represented. Veterans are not required to have served in a war to be treated by the PCT; however, our largest cohorts are Vietnam Era veterans and veterans of the current wars in Iraq and Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]). We also serve World War II / Korean War veterans and veterans from modern deployments (e.g., Persian Gulf, Desert Storm, Desert Shield and peacekeeping operations).

Our clinic utilizes a phase-based approach to trauma recovery (i.e., evaluation, stabilization, exposure/uncovering, integration and relapse prevention, maintenance), and offers a wide range of treatment modalities, including group psychotherapy, individual psychotherapy, medication management, couples/family psychotherapy, and case management. Specialized training is available in motivational interviewing (MI), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for PTSD, and Seeking Safety. Because group psychotherapy is central to our treatment approach, we also offer a full range of group-based modalities, including drop-in psychoeducation, support, and meditation groups, time limited skills-based classes, and ongoing long-term process groups.

The fellow receives individual and group supervision by psychology staff, and also attends (and helps organize, together with the fellow in PTSD & SUD) a weekly multidisciplinary seminar and clinical conference, which reviews the empirical literature pertaining to a number of different topics relevant to PTSD, including: epidemiological research findings, diagnostic research, treatment research (e.g., relative efficacies of group and individual therapies, research on cognitive behavioral, psychodynamic, exposure therapies), physiological findings in PTSD, psychopharmacological treatment of PTSD, and cultural factors in the expression of and treatment for PTSD within various subpopulations. Additional professional development occurs at regularly scheduled PCT Staff Meetings, PCT Didactic Curriculum Meetings, and PCT Supervisors' Meetings. Depending on the fellow's interests and availability, they may also attend and participate monthly interdisciplinary case conference meetings on issues pertaining to Traumatic Brain Injury (TBI) in OIF/OEF/OND veterans and periodic SFVAHCS/UCSF Psychiatry Grand Rounds.

**PTSD 360 Clinic:** This is a multidisciplinary ongoing-care clinic, in which PTSD-specialty medication management and brief individual behavioral treatments are provided. This 3-hour clinic currently runs twice weekly, with the fellow taking the lead on overseeing brief behavioral interventions in one clinic, and the fellow in PTSD and SUD taking the lead in the other. "Taking the lead" in 360 Clinic means (1) periodically throughout the year teaching in pre and post-clinic conferences; (2) supervising brief structured interventions (typically 1-2 sessions) to externs, interns, and residents. This is done with the support and guidance of staff who specialize in these areas, and currently includes interventions such as Motivational Interviewing and Brief CBT for Insomnia; (3) within the context and timeframe of the 360 Clinic, providing weekly direct supervision to psychology extern(s)/intern(s) conducting brief PTSD stabilization-focused individual psychotherapies (typically 8-9 sessions), again with the support and guidance of psychology staff; and (4) serving as an attending supervisor to psychiatry residents who are conducting weekly medication management visits. The fellow also provides an additional hour of supervision to at least one junior psychology trainee outside of 360 Clinic, and is provided with dedicated time for "supervision of supervision" in individual and group supervision settings. [up to 5 hrs/wkly, not incl. supervision provided outside of 360 Clinic]

**Curriculum Planning Team Meeting:** The fellow will participate in a weekly curriculum planning meeting with a PCT staff psychologist and staff psychiatrists. The team oversees the PCT didactic curriculum, which includes the weekly PCT seminar and all issues pertaining to 360 Clinic teaching and supervision. The fellow will be involved in transmitting trainee feedback from seminars to the broader team. The fellow will gain experience in curriculum development for an interdisciplinary audience, clinic-wide intervention planning, and management of trainee-related issues. [1 hr/wkly meeting, up to 3 hrs/wkly for curriculum-related tasks]

**OEF/OIF Integrated Care Clinic (ICC):** The fellow is responsible for one shift each week conducting triage and assessment interviews with OIF/OEF/OND veterans in the Integrated Care Clinic, which is housed within medical practice. In this clinic, the veteran receives same day, sequential visits with a primary care provider, a mental health provider, a social worker, and neurology, if indicated, to provide a "one stop shop" model for early diagnosis and initiation of care. The fellow is responsible for conducting the mental health portion of the visit, assessing and responding to any issues of acute risk, and triaging as needed for further mental health assessment and specialty care. A key part of this experience entails coordinating with other disciplines to facilitate best next steps for the veteran's care, with special attention paid to ways of limiting barriers to care access. The fellow also attends a

1x/monthly meeting of all ICC core staff (primary care providers, combat case manager social workers, mental health providers) and ancillary providers (e.g., specialists in TBI, chronic pain, etc.) for case consultation and additional training. [Up to 2.25 hrs/wkly, incl. monthly staff mtg]

Clinician Administered PTSD Scale (CAPS) Training Clinic: The fellow will also have the opportunity to manage the CAPS Training Clinic in conjunction with the PTSD/SUD Fellow. Managing the clinic entails tracking CAPS referrals, reviewing charts to determine the appropriateness of the referral for a training clinic, matching referrals with trainees, and providing live supervision of CAPS administration and scoring to psychiatry residents and psychology trainees. The fellow may also complete in-depth PTSD evaluations when needed. [Up to 4.0 hrs/wkly]

Cognitive Processing Therapy (CPT) Supervision: The PTSD/RV fellow may also have the opportunity to participate in the training and supervision of junior trainees learning Cognitive Processing Therapy. This may include providing adjunctive, individual or group-based weekly supervision of CPT cases. Supervision of CPT supervision will be provided by a staff psychologist. [Up to 2 hrs/wkly]

Psychology (5% time): The PTSD & RV Fellow attends weekly seminars led by SFVAHCS/UCSF staff, as well as other service and committee meetings, including the Psychology Staff Meeting and the Diversity Committee Meeting.

**Core Faculty:** G. Dawn Lawhon, PhD, Susan Maxwell, PsyD, Shira Maguen, PhD, Martha Schmitz, PhD, ABPP, and Sabra Inslicht, PhD.

## **7. Posttraumatic Stress Disorder and Substance Use Disorders Treatment (PTSD/SUD)**

The fellow assigned to this focus area will divide their time between the PTSD Clinical Team (PCT, ~24 hrs/wk) and the Substance Use/PTSD Team (SUPT, ~14 hrs/wk), as well as participate in Psychology training program activities (~2 hrs/wk). The fellow's roles and responsibilities are varied, and described in detail below.

It should be noted that a significant percentage of the veterans enrolled in PCT services are also either maintaining recovery from substance use disorders or looking at their substance misuse/abuse for the first time. Therefore, the PTSD/SUD fellow has opportunities in both clinics to conduct interventions based in Motivational Interviewing and harm reduction.

PCT (60% time): The Posttraumatic Stress Disorder Clinical Team (PCT) at San Francisco VA Health Care System is one of the largest in the nation with regard to clinical activity. Our PCT specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We serve a predominantly cisgender male population ranging in age from 18 to 90+ years, although the number of cisgender women and transgender individuals accessing services is increasing. Our population is quite diverse, with multiple ethnicities (significant numbers of Filipino American veterans), ages, sexual orientations, and levels of SES represented. Veterans are not required to have served in a war to be treated by the PCT; however, our largest cohorts are Vietnam Era veterans and veterans of the current wars in Iraq and Afghanistan (Operation Enduring Freedom [OEF] and Operation Iraqi Freedom [OIF]). We also serve World War II / Korean War veterans and veterans from modern deployments (e.g., Persian Gulf, Desert Storm, Desert Shield and peacekeeping operations).

Our clinic utilizes a phase-based approach to trauma recovery (i.e., evaluation, stabilization, exposure/uncovering, integration and relapse prevention, maintenance), and offers a wide range of treatment modalities, including group psychotherapy, individual psychotherapy, medication management, couples/family psychotherapy, and case management. Specialized training is available in motivational interviewing (MI), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), CBT for PTSD, and Seeking Safety. Because group psychotherapy is central to our treatment approach, we also offer a full range of group-based modalities, including drop-in psychoeducation, support, and meditation groups, time limited skills-based classes, and ongoing long-term process groups.

The fellow receives individual and group supervision by psychology staff, and also attends (and helps organize, together with the fellow in PTSD & RV) a weekly multidisciplinary seminar and clinical conference, which reviews the empirical literature pertaining to a number of different topics relevant to PTSD, including: epidemiological research findings, diagnostic research, treatment research (e.g., relative efficacies of group and individual therapies, research on cognitive behavioral, psychodynamic, exposure therapies), physiological findings in PTSD, psychopharmacological treatment of PTSD, and cultural factors in the expression of and treatment for PTSD within various subpopulations. Additional professional development occurs at regularly scheduled PCT Staff Meetings, PCT Didactic Curriculum Meetings, and PCT Supervisors' Meetings. Depending on the fellow's interests and availability, they may also attend and participate monthly interdisciplinary case conference meetings on issues pertaining to Traumatic Brain Injury (TBI) in OIF/OEF/OND veterans and periodic SFVAHCS/UCSF Psychiatry Grand Rounds.

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**Curriculum Planning Team Meeting:** The fellow will participate in a weekly curriculum planning meeting with a PCT staff psychologist and staff psychiatrists. The team oversees the PCT didactic curriculum, which includes the weekly PCT seminar and all issues pertaining to 360 Clinic teaching and supervision. The fellow will be involved in transmitting trainee feedback from seminars to the broader team. The fellow will gain experience in curriculum development for an interdisciplinary audience, clinic-wide intervention planning, and management of trainee-related issues. [1 hr/wkly meeting, up to 3 hrs/wkly for curriculum-related tasks]

**OEF/OIF Integrated Care Clinic (ICC):** The fellow is responsible for one shift each week conducting triage and assessment interviews with OIF/OEF/OND veterans in the Integrated Care Clinic, which is housed within medical practice. In this clinic, the veteran receives same day, sequential visits with a primary care provider, a mental health provider, a social worker, and neurology, if indicated, to provide a "one stop shop" model for early diagnosis and initiation of care. The fellow is responsible for conducting the mental health portion of the visit, assessing and responding to any issues of acute risk, and triaging as needed for further mental health assessment and specialty care. A key part of this experience entails coordinating with other disciplines to facilitate best next steps for the

veteran's care, with special attention paid to ways of limiting barriers to care access. The fellow also attends a 1x/monthly meeting of all ICC core staff (primary care providers, combat case manager social workers, mental health providers) and ancillary providers (e.g., specialists in TBI, chronic pain, etc.) for case consultation and additional training. [Up to 2.25 hrs/wkly, incl. monthly staff mtg]

Clinician Administered PTSD Scale (CAPS) Training Clinic: The fellow will also have the opportunity to manage the CAPS Training Clinic in conjunction with the PTSD/SUD Fellow. Managing the clinic entails tracking CAPS referrals, reviewing charts to determine the appropriateness of the referral for a training clinic, matching referrals with trainees, and providing live supervision of CAPS administration and scoring to psychiatry residents and psychology trainees. The fellow may also complete in-depth PTSD evaluations when needed. [Up to 4.0 hrs/wkly]

SUPT (35% time) Complementing the training program in the PCT is the training experience in the Substance Use/PTSD Treatment Team (SUPT). Our SUPT is a uniquely specialized program in the VA system dedicated to treatment of veterans with co-occurring SUD and PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. Similar to the PCT, our veteran population is quite diverse and multicultural. The interdisciplinary team consists of a psychiatrist, two psychologists, two social workers, postdoctoral psychology fellows, predoctoral interns, externs, and psychiatry residents. The fellow's clinical experiences on this rotation will include a wide range of clinical interventions that include individual and group psychotherapy, case coordination, diagnostic evaluations and treatment planning. In both group and individual clinical experiences, fellows learn techniques drawn from an integrative approach to treating co-occurring PTSD and substance use disorders. The SUPT program operates under an integrated phase-based treatment model which emphasizes group treatment and psycho-educational modalities (e.g., anger management; PTSD symptom management; seeking safety, mindfulness) to support concurrent recovery from substance use and trauma-related disorders.

The PTSD/SUD fellow may also have the opportunity to participate in the training and supervision of junior trainees learning Cognitive Processing Therapy. This includes developing and co-leading, with their primary supervisor, a CPT seminar and ongoing group supervision to trainees in this evidence-based treatment for PTSD. In-vivo supervision and supervision of supervision in this modality is provided.

The SUPT team provides a supportive context for fellows' clinical skill development and the exploration of and insight into the common countertransference reactions to this patient population. The fellow learns to provide specialized approaches including evidence-based trauma-focused treatments. In addition, the fellow learns about a variety of treatment models, including systems-informed, ACT-informed, cognitive-behavioral, and psychodynamic therapies, as well as increase one's understanding of the neurobiological underpinnings of substance use disorders, PTSD, and approaches to psychopharmacology. There is a weekly interdisciplinary team meeting and a didactic seminar during which fellows have the opportunity to present their cases and/or relevant research and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorders. Fellows are also encouraged to attend the weekly interdisciplinary Substance Use Disorder seminar, and are expected to present on relevant topics in the SUPT didactic and SUD seminar during the course of the year. Supervision is provided primarily by staff psychologists, but significant consultation is available from the team lead staff psychiatrist.

Psychology (5% time): The fellow in PTSD & SUD attends weekly seminars led by SFVAHCS/UCSF staff, as well as other service and committee meetings, including the Psychology Staff Meeting and the Diversity Committee Meeting.

**Core PCT Faculty:** G. Dawn Lawhon, PhD, Shira Maguen, PhD, Martha Schmitz, PhD, ABPP, Sabra Inslicht, PhD, and Susan Maxwell, PsyD

**Core SUPT Faculty:** Kristine Burkman, PhD and Sam Wan, PhD



## **8. Psychosocial Rehabilitation**

The fellow in the Psychosocial Rehabilitation (PSR) focus area participates largely in clinical care and training for Veterans with serious mental illness (SMI). The fellow will receive training in a number of clinics and programs, across a continuum of coordinated services: Psychosocial Rehabilitation and Recovery Center (PRRC), General Psychiatric Outpatient Services (GPOS), Psychiatric Intensive Care Unit (PICU), Mental Health Intensive Case Management (MHICM), Peer Support, and other programs serving Veterans with SMI. The fellow will participate in clinical practice, program development, teaching, and possibly research activities. Across these experiences, the fellow receives advanced supervision and training in assessment, intervention, consultation and supervision, scholarly inquiry, professional issues, ethics, and sensitivity to diversity. The number of hours per week for each site and activity will be worked out collaboratively with the fellow at the outset of the fellowship, to take into account the particular fellow's skills, interests, and needs. There is an emphasis on professional development, and the fellow is encouraged to pursue individualized interests and strengths in developing and implementing evidence-based treatment interventions and conducting research studies for the Veteran population. Across settings, there is an emphasis on interdisciplinary collaboration and approaches.

### **Clinical Training (60-65%):**

- I. **Direct Clinical Service:** There are several clinical and education experiences and venues in which the fellow will be involved to gain training in psychosocial rehabilitation and recovery. Since psychosocial rehabilitation and recovery programming at the VA nationally, and at our VA specifically, has been identified as an important focus, the fellow will learn skills in clinical leadership and program development. The fellow will get exposure to the following programs, with specific amount of time and involvement in each service varying, dependent on individual training interests and career goals:
  - a. **PRRC.** The Psychosocial Rehabilitation and Recovery Center (PRRC) serves Veterans with SMI and significant functional impairment, supporting them in building on their strengths, learning new skills and wellness strategies, and working toward their life goals. Veterans participate in a variety of individual and group-based programming in line with their individually identified recovery goals. PRRC services are aimed at promoting community integration through effective symptom management, improved communication, increased self-esteem, and positive coping. The fellow may be involved at all levels of the program, providing recovery-oriented, evidence-based individual and group interventions, and recovery-oriented assessment, including neuropsychological assessment as needed. The fellow will work in close coordination with the interdisciplinary team, and is expected to attend PRRC staff meetings and contribute to interdisciplinary training.
  - b. **GPOS.** The fellow will be involved in providing psychotherapy to individuals with SMI seen in General Psychiatric Outpatient Services (GPOS). The work will be done in close collaboration and with the support of the interdisciplinary team, and with supervision from attending psychologists and/or psychiatrists. Fellows can receive specialized training in a variety of evidence-based psychotherapies, including DBT and CBT for psychosis.
  - c. **PICU.** The fellow will provide some evaluation, individual and group interventions on the psychiatric inpatient unit (Psychiatric Intensive Care Unit, PICU). Evaluations focus on strengths and on meeting recovery goals chosen by the individual, and neuropsychological assessment will be included as needed. Current group opportunities include recovery oriented and skills based groups. Fellows may also have the opportunity to provide individual

therapeutic interventions over the course of a Veteran's hospital stay, which may include short term, problem solving and skills based interventions. Please note that the PICU may be closed for remodeling during a substantial portion of the training year.

- d. MHICM. The Mental Health Intensive Case Management (MHICM) team provides home visits to Veterans with SMI, and shares numerous cases with the PRRC. Those individuals served by the MHICM program have a recent history of either frequent or lengthy stays on the inpatient unit, diagnoses of SMI, and GAF scores below 50. MHICM providers practice Assertive Community Treatment (ACT), one of the empirically-supported approaches to improve the lives of individuals with SMI. The fellow may serve as a liaison between MHICM and PRRC, take part in MHICM home visits and recovery-oriented individual services.
- e. Telemental Health. Under the supervision of the Director of Telemental Health, the fellow will have the opportunity to gain experience providing a range of services to Veterans, with an emphasis on providing EBPs to those with SMI. Use of Telemental Health has become an area of important focus within VA, providing increased access to services, especially for rural and very rural veterans.
- f. Workplace Violence Prevention Program (WVPP). Under the supervision of the Coordinator of the Workplace Violence Prevention Program, the fellow will have the opportunity to gain experience in addressing challenging behaviors of Veterans who present for services, with a focus on developing behavioral approaches for those with SMI. In recent years, there has been increased focus on issues of safety and access, and involvement in the WVPP will add breadth to the fellow's experience of working with Veterans with SMI under a range of circumstances. For example, the fellow might have the opportunity to participate in the Disruptive Behavior Committee.
- g. Access Center. The Access Center serves as the initial point of contact for veterans establishing mental health care at the SFVAMC, and is comprised of 10 multidisciplinary and multispecialty teams. Veterans are seen for initial intakes and up to six visits in the interim prior to establishing care at one of the mental health clinics at the VA. The fellow may take part in intake interviews, brief psychotherapy, and will work in close collaboration with the multidisciplinary team in assisting veterans with establishing care and providing appropriate referrals.
- h. Other Possible Experiences. Based on career goals and interests, the fellow may also suggest experiences to be negotiated with the supervisors and relevant staff. For instance, rapid assessment and crisis intervention with Veterans with SMI often occurs in Psychiatric Evaluation Services (mental health emergency); the fellow could gain exposure to the work in this emergent setting. Furthermore, suicide prevention in SMI has emerged as a topic of particular interest to the field and to VA. The fellow may seek out opportunities in this area, in collaboration with a SFVAMC Suicide Prevention Coordinator. The fellow is likely to have the opportunity to learn Social Skills Training (SST), an Evidence Based Practice for SMI, and to participate in other trainings.

## II. Provision of Clinical Supervision and Teaching:

- a. Peer Support. Peer support is an essential feature of PSR. Under the direction of the Chief of Peer Support, the fellow will engage in at least one activity with Peer Support Specialists, such as facilitating a clinical consultation group.
- b. Supervision of Externs. The psychology fellow will provide group supervision to the psychology PSR extern students, as well as incidental individual supervision to all PSR externs. The fellow is required to supervise at least one extern case individually.

III. Supervision (4 hours/week):

- a. The fellow will receive a total of at least two hours individual supervision and two additional hours of group supervision per week.

Program Development and Research (15-20%):

- I. Program Development: The fellow will participate in ongoing work across settings to facilitate integration of care and smooth transitions to support intervention for Veterans with SMI. As a part of this and in coordination with the Local Recovery Coordinator (LRC), the fellow will assist in the assessment of recovery-oriented knowledge and skill of staff in various programs. In collaboration with the LRC, the fellow will participate in staff training based on the results of such assessments. While the fellow will work as a co-leader/co-therapist in classes/groups currently provided, the development of new groups following the principles of psychosocial rehabilitation and recovery will be encouraged.
- II. Recovery Project: The fellow will also conduct an independent PSR "Recovery Project" in order to enhance the Recovery Model orientation of health professionals and the quality of care provided to veterans at the SFVAMC. The project may focus on a variety of efforts such as developing continuing education or research conferences for health professionals, curricula for health professions training programs, patient education materials, clinical demonstration projects, quality improvement projects, system-level assessments, or other areas. Fellows are also encouraged to take leadership roles by developing didactic projects and disseminating educational materials through a variety of efforts (e.g., planning regional invitational meetings, developing a training website) in order to educate health professionals and advance psychosocial rehabilitation training and collaboration.
- III. Research: Some of the SFVAMC research strengths of particular interest to the fellow will likely include such studies as cognitive remediation in schizophrenia, neuroimaging in schizophrenia, and interventions targeting stigma or psychosis for Veterans with SMI. While research is not the primary focus of the fellowship, some involvement in clinical research will be encouraged to foster the development of a scholar-practitioner model worldview. Fellows are encouraged to take advantage of opportunities to present at relevant conferences.

Didactic Training and Seminars (10-15%):

The fellow will attend and help facilitate a PSR Training Seminar for psychology Externs. The fellow will also participate in the monthly PSR Interprofessional Fellowship Seminar and the twice monthly PRRC Seminar. There are also regular trainings/seminars in the programs listed above, as well as periodic Mental Health Services Grand Rounds and Continuing Education presentations.

**Core Faculty:** Jennifer Boyd, PhD, CPRP, Michael Drexler, PhD, CPRP, Elena Bassett, PhD.

In addition, adjunctive supervision may be provided by Susanna Fryer, PhD (GPOS), John McQuaid, Ph.D. (GPOS), Maisie Ketron, LCSW (PRRC), Elana Schlafman, LCSW (MHICM), PICU attending clinicians, and others.

### **9. Substance Use, PTSD and Co-occurring Disorders Treatment (2 positions)**

The Addiction Recovery Treatment Service (ARTS) within the Mental Health Service includes the several collaborating clinics described below, and addresses the diverse treatment needs of veterans with substance use disorders (SUD) and co-occurring disorders. Fellows in the Substance Use Disorders Treatment, PTSD, and Co-occurring Disorders emphasis area are integral members of the service, received as “junior colleagues.” Fellows assume critical clinical, teaching, supervision, program development, and leadership responsibilities. Specific activities are tailored to the fellow’s interests, potential growth areas and current training opportunities.

ARTS patients typically present with substance use disorders and a number of psychiatric and medical comorbidities (e.g., PTSD, mood disorders, psychosis, chronic pain, Hepatitis C). Trauma exposure is extremely common among this veteran population and, in the context of addiction, many veterans demonstrate pervasive dysregulation of affect, cognition, behavior, relationships, and self-identity and frequently present with chronic homelessness, legal consequences, and interpersonal problems. The ARTS patient population is quite diverse in terms of age, race/ethnicity, sexual orientation, religious affiliation, military era, and other factors. Although ARTS patients primarily identify as men, we serve veterans of all genders, including women, transgender, and gender nonconforming veterans. We emphasize cultural humility in our work, and encourage fellows to participate in diversity-related trainings and events, including through participation in our very active Psychology Diversity Committee, as well as to discuss diverse factors on an ongoing basis in supervision.

Clinical rotations offer a range of training opportunities in the assessment and treatment of substance use disorders, PTSD, and co-occurring conditions that span the continuum of recovery -- from initial engagement and contemplation of change through long-term recovery. There are opportunities to develop and refine intervention skills in a variety of group and individual approaches, including Motivational Interviewing, Cognitive Behavioral Therapy, Seeking Safety, Dialectical Behavior Therapy, Mindfulness-Based Relapse Prevention, Matrix Model, Contingency Management, Anger Management, trauma-focused treatments, ACT-informed treatments, interpersonal approaches, psychodynamic therapies, and systems approaches. Fellows also conduct care coordination and treatment planning with our veterans. As key members of interdisciplinary teams of staff and trainees, fellows consult with team members and additional partners such as the Veterans Justice Outreach team, community housing programs, back-to-work programs, VA medical providers, probation officers, and various social service agencies, to assist in connecting veterans with appropriate resources to help them succeed in recovery. They also serve as consultants to our colleagues throughout the medical center. Given the psychiatrically and medically complex population with which we work, fellows develop a strong understanding of psychiatric approaches, including medication assisted treatment and appropriately managing and triaging intoxication and withdrawal. Through seminars and interprofessional trainings, fellows become familiar with the neurobiological underpinnings of substance use disorders, PTSD, and other co-occurring conditions.

Fellows participate in clinic team meetings and at least two seminars per week. In the Substance Use/PTSD Treatment Clinic seminar, fellows have the opportunity to present their cases and/or relevant research and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorders. In the Advanced Substance Use Disorders Faculty/Fellow Seminar, fellows interact with interdisciplinary colleagues in discussing the full range of scholarly underpinnings of substance use disorders. Fellows are expected to present at least twice to this lively and collegial group. This seminar is chaired by Joan Zweben, Ph.D., an APA Division 50 fellow and author of numerous books, articles and papers on the treatment of addiction.

Developing as a supervisor/teacher is a vital component of the fellow's training year. In addition to participating in didactics on supervision provided in the broader SFVA fellow training seminar, the fellow engages in supervision of psychology externs and/or interns. Fellows generally meet weekly with one psychology extern or intern for 30-60 minutes of individual supervision. Additional opportunities such as group supervision of anywhere between 2-4 psychology externs, including a review of cases (e.g., theory, conceptualization, and therapy techniques), assigned SUD readings, and professional development topics, may also be available. Fellow utilize their own weekly individual supervision time ("sup of sup") to monitor their performance and training needs as a supervisor, discuss assessment and teaching assessments used with trainees, and expand his/her own skills as a supervisor/teacher.

Depending on one's interest(s), there may be opportunities to engage in quality improvement projects, program development, and/or participation in the Addiction Research Program. A number of research faculty would be happy to explore possible opportunities with you.

### **Clinical rotations**

**Substance Use/PTSD Treatment Clinic (SUPT):** SUPT is a uniquely specialized program in the VA system dedicated to treatment of veterans with co-occurring SUD and PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. This is a phase-oriented program which emphasizes group treatment and psycho-educational modalities (e.g., Seeking Safety, Anger Management; PTSD symptom management; mindfulness), but that also utilizes individual approaches.

**Drug and Alcohol Treatment Clinic (DAT):** DAT is a general addictions clinic staffed by a multidisciplinary team, and is designed to encourage long-term continuing care. It comprises both a phase-based abstinence-based track and a harm reduction track. The DAT clinic utilizes group psychotherapy as the main treatment modality. Veterans also engage in care coordination, psychiatric care, and individual psychotherapy as indicated. Early treatment is highly structured and behaviorally oriented, whereas advanced phase groups are progressively less structured and more psychotherapy/insight oriented.

**Intensive Outpatient Program (IOP):** IOP provides comprehensive intensive outpatient treatment and runs M, W, F from 9am-1pm. IOP is staffed by a multidisciplinary team. Veterans meet regularly with a care coordinator and participate in a variety of groups, such as CBT Relapse Prevention, Seeking Safety, DBT skills, mindfulness skills, vocational and recreation therapy, 12-step and Life Ring. Additionally, veterans meet with a psychiatrist to consult about medication-assisted treatments for addiction as well as psychiatric medications, as needed.

**Prescription Opioid Safety Team (POST)/Addiction Consult (AddCon):** POST/AddCon is a multidisciplinary consult service staffed by addiction psychiatry, addiction psychology, pain psychology, and pharmacy. The team conducts integrated assessments for patients who have complex histories including chronic pain and high-risk opioid use and/or opioid use disorders, and also serves as a consultation team for general addictions concerns. POST assessment focuses specifically on determination of the presence or risk of developing an opioid use disorder, risk of adverse events related to opioid use, and concurrent addictions/mental health issues. The team then makes medication and treatment recommendations for referring medical providers.

**Transitions Program (optional):** The Transitions Program is a recently developed program designed to enhance opportunities for early engagement and initiation of treatment for Veterans with substance use problems. The primary clinical activity is a twice-weekly Motivational Interviewing/Harm Reduction based group, which is co-led by interdisciplinary team members and trainees. This program is housed within ARTS, yet most of the activities occur in the Behavioral Health Access Center or in medical settings throughout the hospital. The Transitions Program is new

and continuing to evolve, so there is a continuous process of program design, development, and evaluation.

**Opioid Treatment Program (OTP; optional):** OTP is an outpatient treatment program for veterans with primary opioid use disorder (e.g., heroin, prescription pain medications, etc.) and offers comprehensive mental health services, psychosocial rehabilitation, and medication-assisted treatment. The majority of OTP patients also have co-occurring psychiatric disorders and polysubstance use issues (e.g., stimulants, alcohol, sedatives/hypnotics/anxiolytics, nicotine, etc.). Given the destructive nature of chronic substance abuse, particularly injection drug use, many also suffer from medical illnesses such as hepatic diseases, cancers, and severe psychosocial stressors including homelessness. In addition to medication-assisted treatment (i.e., methadone, buprenorphine, naltrexone), veterans often engage in care coordination and individual/group treatment with program staff, and engage in the clinic milieu through frequent visits to the clinic (often 4-6 days per week).

**Core Faculty:**

Kristine Burkman, PhD  
Stephanie Cardoos, PhD.  
Chris Galloway, PhD  
Kellie Rollins, PsyD  
Samuel Wan, PhD  
Joan Zweben, PhD

**Addictions Research Faculty:**

Brian Borsari, PhD  
David Pennington, PhD

**10. Women's Mental Health and Trauma**

The Women's Mental Health program is co-located in the Women's Primary Care clinic. The clinic provides mental health services to female-identified Veterans, active duty personnel, and patients with CHAMPVA coverage. We address and support women's mental health issues through evaluations and treatment by incorporating the spectrum of women's health issues across the lifespan (e.g., family planning, mood and hormones, relationship issues, and child rearing). We strive to provide culturally competent, patient-centered, strength-based care.

Our treatment focuses on trauma with gender disparity (e.g. sexual trauma, MST, IPV), lifecycle issues (e.g. pregnancy, post-partum, parenting, menopause), readjustment, LBQT (with specialization in gender transitioning), complex medical comorbidity, and for patients requesting preference for female-only programming.

The postdoctoral fellow in Women's Mental Health and Trauma will be primarily based in the Women's Clinic, with substantial coordination with the Access Center, primary care, the Posttraumatic Stress Disorder Clinical Team (PCT), and a rotation through the High Risk Obstetric Program at San Francisco General Hospital (SFGH).

**Responsibilities:** Fellow will participate in the Access Center, evidenced-based psychotherapy, Women's clinic intake assessments (Accept and Post911 Integrated Care Clinic), and in a rotation with the high risk obstetric program at SFGH. \*Additional options available with support of supervisor.

1. The fellow will have a caseload of 6-8 women Veterans for individual psychotherapy. There will be opportunities to learn evidence based psychotherapies, which may include Cognitive Behavioral Therapy, Interpersonal Psychotherapy, Seeking Safety, Acceptance and Commitment Therapy, Dialectical Behavioral

Therapy, Cognitive Processing Therapy (through PCT) , and Prolonged Exposure (through PCT). In addition, the fellow will participate in the Women's Clinic group therapy program by facilitating and potentially developing groups.

2. The fellow will spend time in the Access Center, conducting comprehensive diagnostic evaluations and treatment planning with Veterans (primarily women) who want to establish mental health services at the San Francisco VA.
3. The Post911 Integrated Care Clinic provides the fellow an opportunity to interface with newly returning women Veterans. In this clinic, the Veteran initially meets with a primary care provider, a mental health provider, a social worker, and with neurology, if indicated, to provide a "one stop shop" model for early diagnosis and treatment planning.
4. For six months, the fellow will also rotate one day every other week in the San Francisco General High Risk Obstetrics clinic. The women who are served in this clinic are from a wide range of cultural backgrounds, many of whom are monolingual Spanish speakers, and have been exposed to high rates of violence and trauma. A high percentage of them suffer from mental health issues, homelessness, and poverty. In the HROB clinic, the trainee will consult with a multidisciplinary team that includes primary care providers, obstetricians, social workers, and other mental health providers, and participate in the weekly multidisciplinary case conference with psychiatry, social work, and obstetric providers.
5. \*Behavioral Health Lab (Optional): Participate in 4-hour weekly clinic with a team of primary care providers. Provide consultation to medical residents/interns, triage, evaluation/assessment, and therapy to PC patients who have requested additional mental health support.

**Didactics/Supervision:** The fellow assigned to Women's Mental Health and Trauma emphasis area will coordinate, co-facilitate, and participate in weekly didactic/clinical meetings in the Women's Clinic. They will have the opportunity to supervise externs on individual treatment and to co-lead groups with these trainees, as the senior clinician. Fellows will be provided primary supervision by staff psychologist, Dr. Jacy A. Leonardo. While the focus of supervision will include case management, case conceptualization, and assessment and treatment, it will also focus strongly upon professional development within the Clinic and VA setting. Issues concerning program development, professional identity, interface between clinics, supervision, and work/life balance will be covered.

**Program development:** As the Women's Mental Health Program is undergoing growth to better serve our women Veterans, the fellow will have up to 4 hour/week to work on a program development related project. It has been our tradition that our fellow will be in charge of preparing and leading the annual Women's Mental Health Program retreat with the Women's Health & EBP Fellow S/he will be responsible for surveying the topic for the retreat, inviting presenters, and following up on action plans.

**Core faculty and supervisors:** Jacy A. Leonardo, PhD, MA; Caitlin Hasser, MD; Melissa Nau, MD (SFGH)

## Requirements for Program Completion

Fellowship is a full-time (40-hour week), one year (12 month, 52 week), commitment equaling approximately 2000 hours, inclusive of paid holidays and formal approved leave time.

In response to APA's increasing emphasis on setting, measuring and objectifying the benchmark criteria for acquisition of these clinical skills, our Fellow Evaluations quantitatively track successful mastery of each competency area.

In order for Fellows to maintain good standing in the program they must:

- For the 4 and 8 month evaluation points, obtain evaluation ratings that are the equivalent of "little supervision needed" in at least 80% of items for each competency area.
- Demonstrate progress in those competency areas where less than 80% of items on the evaluation have been rated equivalent to "little supervision needed".
- Not be found to have engaged in any significant ethical transgressions

In order for Fellows to successfully complete the program, they must:

- By the end of the year, obtain evaluation ratings of the equivalent to "no supervision needed" in 100% of items in each competency area.
- Not be found to have engaged in any significant ethical transgressions

## Facility and Training Resources

Fellows will have their own workspace with lockable cabinets, drawers, their own computer and telephone line with private extension number. They may share cubicles depending on the nature of the focus area you are assigned (e.g., Primary Care fellow will be housed in Medical Practice and may need to rotate space with medical residents). You may inquire about your workspace during your interview. Fellows may carry VA issued pagers and are not expected to use their own resources such as cell-phones, flash drives or recording equipment. Fellows have access to program support, medical library at the VA as well as use of UCSF library and other resources. Clinical space will be provided through a room check-out procedure. Each VA computer has access to the Internet and on-line literature search resources as well as word processing and CPRS medical record keeping. There is a broad range of psychological and neuropsychological tests available. Clerical support is available through each treatment unit as well as through Psychological Services. The SFVAHCS Medical Library has numerous current journal subscriptions, several of which are mental health related. Medline and Psych Info searches are provided through the library, as are numerous other resources. Fellows also have access to the medical library of UCSF, with its 2,600 current journals and Center for Knowledge Management services.

## Administrative Policies and Procedures

Our privacy policy is clear: we will not collect personal information about you when you visit our Website.

**Procedures for due process** in cases of problematic performance are in place, as are grievance procedures to be followed by fellows and staff alike.



## **POLICY & PROCEDURES FOR PROBLEMATIC FELLOW PERFORMANCE AND DUE PROCESS**

### **Introduction**

It is the purpose of the Clinical Psychology Training Program to foster and support the growth and the development of Fellows during the training year. An attempt is made to create a learning context within which the Fellow can feel safe enough to identify, examine, and improve upon all aspects of his or her professional functioning. Therefore, Fellows are encouraged to ask for and supervisors are encouraged to give feedback on a continuous basis. When this process is working, there should be no surprises since a Fellow is aware of his/her progress on an ongoing basis. It is a goal of training for supervisors to work with Fellows to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the Fellow to address the problem area(s) and build on the strengths.

### **Definitions of Problematic Behaviors**

For the purposes of this document Fellow “problematic behaviors” are defined broadly as an interference to professional functioning which is reflected in one or more of the following ways:

1. a violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards;
2. repeated non-adherence to the rules and regulations of the Clinical Psychology Training Program and/or the San Francisco VA Health Care System;
3. an inability to acquire professional skills that reach an acceptable level of competency, and/or;
4. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.
5. professional issues that impair the ability to perform satisfactorily as psychologists-in-training

Evaluative criteria which link this definition of “problematic behaviors” to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors formally at 4 month intervals. These criteria are kept in mind throughout the year and discussions regarding a Fellow’s progress with respect to them are discussed by the staff in an ongoing manner.

While it is a professional judgment as to when a Fellow’s behavior becomes serious rather than just problematic, for the purposes of this document a “problem” refers to a Fellow’s behaviors, attitudes, or characteristics which, while of concern and which require remediation, are perceived to be not very unexpected or excessive for professional in training. Problems typically become identified as “severe” when they include one or more of the following characteristics:

1. the Fellow does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the Fellow is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. the Fellow behavior does not change as a function of feedback, remediation efforts, and/or time.

## **Policy**

A. It is the policy that a Fellow may fail a specific rotation, and/or entire Fellowship and/or they may be terminated from the program prior to completion. It is expected that this will be an extremely unusual event. Because the Fellows group may be diverse and because Fellows come with different skills and abilities, it is not expected that all Fellows will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. Failure and/or termination may occur for any of the following reasons but it is not limited to this list:

1. incompetence to perform typical psychological services in this setting and inability to attain competence during the course of Fellowship;
2. violation of the ethical standards of psychologists;
3. failure to meet the minimum standards for either patient contact, didactic training, or testing competence;
4. behaviors which are judged as currently unsuitable and which hamper the Fellow's professional performance;
5. violation of VHA or San Francisco VA Health Care System regulations.

B. It is also the policy that the Fellow can invoke his/her right of appeal as specified the Procedures and Due Process section of this document.

## **Procedures and Due Process**

### **A. Determination of "Severe Problematic Behavior" Status**

Whenever a supervisor becomes aware of a Fellow's problem area or deficiency which seems not be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the Fellow. The Director of Training will then present the situation to a meeting of the Training Committee (minus the Chief Psychologist). A determination will then be made by consensus whether or not to label the Fellow with, "severe problematic behaviors," which implies the possibility of discontinuing the training. This will be done after a thorough review of the Fellow's work and performance, and one or more meetings with the Fellow to hear his /her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

### **B. Remedial Action**

A Fellow who is determined with "severe problematic behaviors" but potentially able to benefit from the remedial action will be asked to meet with the Training Committee to discuss the concern(s) and to determine the necessary steps to correct it. If deemed helpful by the Fellow, members of the faculty at the Fellow's graduate program may be consulted for input into this planning process. When a plan for correction has been determined, the Fellow will receive written explanation of the concern and specifics of the corrective plan. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial plan will be constructed, or the Training Committee will proceed to terminate the Fellow.

### C. Procedure for Termination and Appeal

1. Due Process: The Fellow will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Director of Training or another designee from the Fellow's graduate program shall be sought. If he/she is unable to attend personally, arrangement shall be made for some means of conference call communication. Additionally, other representation may be sought by the Fellow.
2. Appeal: Should the Training Committee recommend termination, the Fellow may invoke his/her right of appeal to the Chief Psychologist. That individual may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologists would not be on the Training Committee (nor would have supervised the Fellow) and may include someone from another APA-accredited program such as Palo Alto VA. The training program shall abide by the decision of the appeal process.

### Grievance Policy & Procedures

It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and Fellows that are based on mutual respect; however, it is possible that a situation will arise that leads an Fellow to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

1. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.
2. Causes for grievances should be addressed in the following steps:
  - a. The Fellow should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the Fellow should always notify the Director of Training, even if the issue is resolved.
  - b. A situation might be too difficult for a Fellow to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter. The UCSF Office of the Ombuds may also be a resource to the Fellow in the pursuit of an informal resolution.
  - c. If the steps taken in a. and b. above fail to resolve the matter adequately, the Fellow can file a formal written grievance with the Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Psychology Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.
  - d. If the grievance is against the Director of Training, the Psychology Director will designate a member of the

Psychology Training Committee to undertake the investigation of the matter and report back to that office.

- e. If the Fellow is not satisfied with the Director of Training's decision, the matter can be appealed to the Chief Psychologist who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.
- f. Finally, if the Fellow is not satisfied with the Chief Psychologists' decision, the matter can be appealed to the Commission on Accreditation with APA, who will review the complaint and decision.

### **Application & Selection Procedures**

In addition to our sixteen (16) General Clinical positions, we will also be offering one (1) two-year postdoctoral psychology fellowship in Clinical Neuropsychology. The application procedure for this fellowship program is separate from the general program and program and application information can be found at:

<http://www.sanfrancisco.va.gov/education/psychologytraining.asp>

**Application and Timetable:** The SFVAHCS is **utilizing exclusively the APPA CAS** (APPIC Psychology Postdoctoral Application System) for applications for all fellowships.

- Applications are **due by Sunday, December 9, 2018, 11:59pm Eastern Time (8:59pm Pacific Time)**.
- All **interviews** will only be conducted over the course of three weeks as follows:
  - **Week of January 28, 2019 (Friday, February 1<sup>st</sup> only)**
  - **Week of February 4, 2019 (Tuesday, February 5<sup>th</sup> and Thursday, February 7<sup>th</sup>)**
  - **Week of February 11, 2019 (Monday, February 11<sup>th</sup>, Wednesday, February 13<sup>th</sup>, and Friday, February 15<sup>th</sup>)**
  - **Every effort will be made to accommodate your preferred interview date, and we will work with you on that date once you have been invited for an interview**
- You **may apply to more than one focus area**
- You need to submit only **one application, even when applying to multiple areas**
- Please submit electronic applications to **APPA CAS** at: <https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>.
- **Detailed application instructions** and the application form can be found at the end of this **brochure**.

### Eligibility:

Candidates **MUST** be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** and **MUST** have completed an **APA-accredited internship**. All requirements for the doctoral degree must be completed prior to the start of the fellowship year. Persons with a Ph.D. in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. The VA requires that applicants are **US Citizens**, men have registered for selective service, and all have had varicella infection ("chicken pox") or vaccination for such prior to the start of the fellowship. For the Clinical Neuropsychology Residency candidates must be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** with specialized training in clinical neuropsychology consistent with guidelines established in the Houston Conference on specialty education and training in clinical neuropsychology. They must also have completed an **APA-accredited internship** with additional general and specialized training to prepare the applicant for clinical neuropsychology residency training.

Specific details related to eligibility as found on [www.psychologytrainingva.gov](http://www.psychologytrainingva.gov):

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Fellows are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.
5. Have received a Doctorate from an APA-accredited graduate program in Clinical or Counseling Psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.
6. Have completed an internship program accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.

#### Nondiscrimination Statement

The SFVAHCS Psychology Postdoctoral Fellowship Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, ethnicity, disability, marital status, sexual orientation, and Veteran status. This policy is in adherence with application, selection, orientation and employment in all SFVAHCS programs, services and activities. The San Francisco VAMC is an Affirmative Action / Equal Opportunity Employer.

#### Selection Process

Completed applications are reviewed by the supervisors of each focus areas (who are members of the Psychology Training Committee) and the current postdoctoral fellows assigned to that area of emphasis. These members, in addition to the Director of Training Psychology Postdoctoral Fellowship, form the Fellowship Selection Committee for each area of emphasis.

Application ratings are based on the applicant's interest, experience and quality of previous clinical training in the area of emphasis, academic work and accomplishments, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, insight, etc.) and written material. Ultimately, our selection criteria are based on a "goodness-of-fit" and we look for fellows whose experience and career goals match the training that we offer.

If you have been selected to interview, you will be invited by telephone by a member of the Selection / Training Committee of the focus area. It is anticipated that all applicants will be notified whether they will be invited or not either by telephone or by email no later than **January 31, 2019**.

#### Interviews

Interviews will take place on-site, via telephone or videoconference (Vtel preferred), and will be conducted in **February, 2019**.

- All **interviews** will only be conducted over the course of three weeks as follows:
  - **Week of January 28, 2019 (Friday, February 1<sup>st</sup> only)**
  - **Week of February 4, 2019 (Tuesday, February 5<sup>th</sup> and Thursday, February 7<sup>th</sup>)**
  - **Week of February 11, 2019 (Monday, February 11<sup>th</sup>, Wednesday, February 13<sup>th</sup>, and Friday, February 15<sup>th</sup>)**
  - **Every effort will be made to accommodate your preferred interview date, and we will work with you on that date once you have been invited for an interview**

Interviews consist of a series of meetings with members of the Fellowship Selection Committee (traditionally supervisors and postdocs in that focus area). Once you are invited, you can coordinate your interview date with our program administrator, or a member of the Selection /Training Committee.

### Notification

The focus areas for the Postdoctoral Fellowship Program will begin making offers on **Monday, February 25, 2019 at 7:00am Pacific Time via telephone**. Candidates will be allotted **4 hours** to hold their offer. Focus area positions will remain open until filled. The Fellowship Program abides by APPIC's policies and procedures about notification.

### Training Term

The fellowship is a full-time (40 hours per week), one year, (12 month, 52 week) commitment beginning on approximately **September 3, 2019 (exact start date to be confirmed)**. One year at full-time equals approximately 2080 hours. Fellows are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). San Francisco VA also offers generous professional leave for conferences and other approved educational activities.

### Stipend and Benefits

The current stipend is **\$55,656** per year. State and federal income tax and FICA are withheld from Fellows' checks. Fellows are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers fellows for malpractice under the Federal Tort Claims Act. VA offers individual and family health insurance plans for fellows on a matching basis, (i.e., fellows pay half of the premium and the VA pays the other half.) On June 26, 2013, the Supreme Court ruled that Section 3 of the Defense of Marriage Act (DOMA) is unconstitutional. As a result of this decision, the Office of Personnel Management (OPM) has now extended benefits to employees and annuitants who have legally married a spouse of the same sex. Dental and vision insurance are also available. San Francisco VA Health Care System also offers a public transportation reimbursement program. Fellows are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). San Francisco VA also offers professional leave for conferences and other approved educational activities.

### Application Procedure

Application Deadline: **Sunday, December 9, 2018, 11:59pm Eastern Time (8:59pm Pacific Time)** exclusively to the **APPA CAS** (APPIC Psychology Postdoctoral Application) System.

**<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>**.

Please DO NOT MAIL any materials in hard copy form.

1. The **Application** form (found at the end of this brochure)

2. **Cover Letter**
3. **Current Curriculum Vitae**
4. **Official graduate school transcripts**
5. **Three (3) letters of Recommendation (optional letters beyond the required 3 are acceptable at your discretion).**

**Please note the requirement below for one (1) of the letters:**

**a) One of your letters should include a letter of support from your graduate program's Director of Clinical Training** indicating what your planned internship and dissertation completion dates are, that your internship and dissertation progress are as expected and that you are reasonably able to finish by the planned completion dates.

**IMPORTANT NOTE:** You cannot begin our program unless you have completed all requirements met by program's start date, expected to be September 3, 2019. This is a fixed policy and program requirement. In rare instances we may be able to accommodate a very short delay in your start date due to unforeseen circumstances and with approval.

**b) Optional: You may include a letter of support from your current Internship Training Director** indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If internship is already completed, you can mail a copy of your predoctoral internship certificate.

**c) Optional: You may include a letter of support from your Dissertation Chairperson** describing your dissertation status and timeline if you have not completed your graduate degree. Dissertations must be complete before the postdoctoral fellowship begins. Please note we will be monitoring dissertation progress and status on a routine basis. All requirements for the doctoral degree must be completed prior to the start of the fellowship year.

**\*You may submit the two optional letters above in lieu of the single letter from your Director of Clinical Training from your graduate program as well.**

6. **One (1) work sample.** Clinical or academic work samples are acceptable (e.g., a redacted clinical evaluation summary; other work-samples may include published manuscripts on which you are main author or other manuscripts or evidence of scholarly and/or clinical productivity and proficiency).

#### Contact Information

Questions regarding your application or other administrative matters should be directed to the Director of Training, Dr. Sam Wan at [samuel.wan@va.gov](mailto:samuel.wan@va.gov).

The San Francisco VA's Psychology Fellowship is reaccredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA) for the seven (7) year maximum; next site visit is 2021. The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2019. The San Francisco VA's Psychology Fellowship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Postdoctoral Residency in Clinical Neuropsychology is registered with the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our Psychology Fellowship is affiliated with the University of California, San Francisco.

**Commission on Accreditation (CoA), American Psychological Association**

750 First Street, NE  
Washington, DC 20002-4242  
202-336-5979 [www.apa.org/ed/accreditation/](http://www.apa.org/ed/accreditation/)

**Other Information**

In accord with the Federal Drug-Free Workplace Program, fellows may be subject to urine testing for illicit drug use. Other branches of the federal government (Office of Personnel Management) may conduct routine background checks at their discretion.

The San Francisco VAMC is an Affirmative Action/Equal Opportunity Employer.



## San Francisco VA Health Care System Psychology Training Staff

**Maithri Ameresekere, MD** is a Staff Psychiatrist in the Women's Mental Health Program and the Post Traumatic Stress Disorder Program, member of the SFVA Dialectical Behavioral Therapy consultation team and Assistant Clinical Professor at UCSF. She completed her residency at the Massachusetts General Hospital/McLean Hospital adult psychiatry residency program affiliated with Harvard Medical School. Prior to medical school, she completed her undergraduate degree at Stanford University and her M.Sc. from the Harvard School of Public Health. She subsequently attended Tufts University School of Medicine and graduated with research honors relating to academic work on Somali Refugee Women's Birth Experiences. Dr. Ameresekere has teaching and clinical experiences in post-conflict settings of South Sudan and Liberia fueling her interest in capacity building in resource poor environments and mental health training for non-psychiatrists. Her interests include post-conflict mental health, post-traumatic stress disorder, women's mental health, primary care-mental health integration, and improving access to care amongst immigrant and ethnic minority populations. She has a strong commitment to teaching and regularly supervises psychology and psychiatry trainees.

**Keith R. Armstrong, LCSW** is the Director of the Family Therapy Clinic, the social workers in Mental Health Service and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). He is also a member of the Posttraumatic Stress Disorder Program. Prior to his 23 years of outpatient work at the VA he was the inpatient social worker for the VA's Psychiatric Inpatient Unit. He received his master's degree in Social Work from University of California, Berkeley in 1984. He is author of clinical and research articles and chapters addressing the treatment of traumatized individuals and families. He co-authored *Courage After Fire*, a self-help book for returning Iraq and Afghanistan veterans and their families and recently co-authored book *Courage After Fire for Parents*. In 2005 he also won the Excellence in Direct Teaching Award by the Haile Debas Academy of Medical Student Educators and in 2011 he won the prestigious George Sarlo award given to the top UCSF Department of Psychiatry instructor. In 2013 he was given his 5th excellence in teaching award by the University of California Psychiatry Residents Association. He is currently a consultant to the intensive Family Therapy program at UCSF and in 2013 was named national social worker of the year for the VA.

**Elena D. Bassett, PhD**, is a Clinical Psychologist in the San Francisco VA Healthcare System's Psychosocial Rehabilitation and Recovery Center (PRRC), specializing in recovery-oriented services for Veterans with serious mental illness (SMI). Dr. Bassett earned her doctorate in Clinical Psychology from Northwestern University and completed her pre-doctoral internship at the VA San Diego/University of California, San Diego. She completed a postdoctoral fellowship at the Palo Alto VA, where she focused on psychosocial rehabilitation and recovery-oriented services for Veterans with SMI and PTSD. Elena has expertise in evidence-based treatments for SMI, particularly cognitive behavioral therapy for psychosis (CBTp), and has provided CBTp to numerous populations, including recently returned Veterans with early psychosis and those with histories of trauma/PTSD. She also provides clinical supervision, training, and consultation in CBTp and recovery-oriented services for individuals with SMI. Her clinical and research interests include the role of trauma/adversity in SMI, early intervention in psychosis, and evidence-based services that promote recovery and community integration for Veterans with SMI.

**Steven L. Batki, MD** is Chief of the Substance Abuse Programs, Director of the Addiction Psychiatry Fellowship Program, and Director of the Addiction Research Program at the San Francisco VA Medical Center. He is Professor in Residence in the UCSF Department of Psychiatry. In his previous role at UCSF, he was Director of the Division of Substance Abuse and Addiction Medicine at San Francisco General Hospital. Dr. Batki engages in clinical research in addiction psychiatry and psychopharmacology with a focus on the treatment of addiction and comorbid mental illness and medical disorders. His research work is currently funded by NIDA and the Department of Defense. His NIDA projects are aimed at improving the treatment of methamphetamine dependence. Dr. Batki's DoD-funded research at the San Francisco VAMC focuses on clinical trials to improve the treatment of alcohol use disorder in

veterans with PTSD and in veterans with mild TBI.

**Brian Borsari, PhD**, received his PhD in clinical psychology from Syracuse University in 2003. He also completed an internship at The Boston Consortium in Clinical Psychology in 2003. From 2003 to 2015 he was at the Center for Alcohol and Addiction Studies at Brown University. From 2007-2015 he was at the Providence Veterans Affairs Medical Center as a clinical psychologist, and in 2015 he joined the San Francisco VAMC and UCSF. Over the past 20 years, Dr. Borsari has worked to develop a research program in implementing and evaluating brief motivational interventions for alcohol use in college students and other populations. Dr. Borsari is also investigating the in-session components of motivational interviewing that may be linked to subsequent behavior change (e.g., the working alliance). Dr. Borsari is also interested in the assessment and treatment of addictive behaviors, including high risk drinking behaviors in college students (e.g., pregameing, drinking games), marijuana use in returning Veterans, and enhancing treatment engagement for co-morbid disorders in a variety of populations.

**Jennifer E. Boyd, PhD, CPRP**, is the Associate Chief of Mental Health for Psychosocial Recovery Services. She is also an Adjunct Professor of Psychiatry at the University of California, San Francisco. Dr. Boyd was educated at Stanford University, the University of Maryland, Georgetown University, and Columbia University. Her most recent research focuses on the internalized stigma of severe mental illness. In her clinical, teaching, and advocacy work, Dr. Boyd supports the recovery model of psychosocial rehabilitation. She has received awards from the APA including the Division 18 award for Outstanding Contributions in Psychosocial Rehabilitation, the Michael S. Neale award for service to people with serious mental illness, and a Presidential Citation for her work on stigma. This past June, she received an achievement award from the VA Mental Health Lived Experience Community of Practice, an award that will be named after her in future years.

**Kristine Burkman, PhD**, is an attending psychologist with the Substance Use and PTSD (SUPT) Clinic and the PTSD Research Program, and is an Assistant Clinical Professor at University of California, San Francisco School of Medicine. Dr. Burkman received her doctorate from Northwestern University, where her research focused on developmental trauma and risk behaviors among youth in the child welfare system. She completed her internship and fellowship at the San Francisco VA Medical Center, where she specialized in the assessment and treatment of traumatic stress and co-occurring substance use disorders. Dr. Burkman provides supervision in diagnostic assessment, as well as individual and group psychotherapy within a phase-based, integrated model of care. She leads the Cognitive Processing Therapy (CPT) seminar and group supervision within the SUPT Clinic. Dr. Burkman's research interests include psychological impact of killing in war, moral injury, gender difference in combat PTSD, and treatment outcomes for veterans with PTSD and complex trauma.

**Michael P. Burnias, PsyD**, is a Staff Psychologist at the San Francisco VA Medical Center (SFVAMC) and Downtown Clinic (DTC). He is the preceptor of the Interprofessional LGBTQ Health Care Postdoctoral Psychology Fellowship at the SFVA. He is the LGBTQ Special Emphasis Program Manager, focusing on creating an inclusive environment for LGBTQ VA employees. He is also the LGBT Veteran Care Coordinator which is the primary contact for questions regarding care for LGBTQ Veterans. Dr. Burnias obtained his PsyD in Clinical Psychology at Pepperdine University. He completed his Clinical Internship at the Institute of Living at Hartford Hospital and his Postdoctoral Fellowship in LGBTQ Health Care at the SFVAMC. Dr. Burnias' main clinical interests involve LGBTQ health care, identity development across the lifespan, cultural competency/humility, and psycho-diagnostic assessments.

**Stephanie L. Cardoos, PhD**, is a staff psychologist for the Drug and Alcohol Treatment Clinic (DAT) and Prescription Opioid Safety Team (POST). Dr. Cardoos earned her PhD in clinical psychology from the University of California, Berkeley in 2015 after completing her predoctoral internship at the SFVAMC. She subsequently returned to the SFVAMC to complete a postdoctoral fellowship in the Substance Use and Co-occurring Disorders Treatment emphasis area. Dr. Cardoos's clinical and research interests include understanding the mechanisms of health risk

behavior throughout the lifespan, assessment and integrated treatment of substance use and co-occurring disorders (e.g., chronic pain; PTSD), collaborative patient-centered care among health care providers, increasing access to care for a diverse patient population, and program development and evaluation.

**Maggie Chartier, PsyD, MPH**, is the Deputy Director for VHA's HIV, Hepatitis, and Public Health Pathogens Program (HHPHP) in the Office of Patient Care Services and is a staff psychologist at the San Francisco VA Medical Center and an Assistant Clinical Professor at UCSF. She received her MPH in Epidemiology at the University of Washington, Seattle in 2004 and her PsyD from the PGSP-Stanford Consortium in Palo Alto, California in 2009. She completed her clinical internship at UCSF and her postdoctoral fellowship in HIV/HCV Psychology at the San Francisco VA. Her primary areas of interest are in the psychological care of patients with HIV and Hepatitis C, health psychology, and Acceptance and Commitment Therapy (ACT).

**Nicole Crocker, PhD**, is a Clinical Neuropsychologist at the San Francisco VA Medical Center (SfVAMC). Her clinical interests include assessment and consultation with a broad range of patient populations with neuropsychiatric and neurological conditions, including neurodegenerative disease and dementia, traumatic brain injury, stroke, epilepsy, developmental disorders, substance use disorders, mood disorders, and PTSD. Dr. Crocker earned her PhD in Clinical Psychology with an emphasis in Neuropsychology from the San Diego State University/University of California, San Diego Joint Doctoral Program in 2014. She completed her Clinical Internship and two-year postdoctoral Neuropsychology Residency here at the SfVAMC.

**Jeremy Doughan, PsyD**, is a faculty Clinical Psychologist at the San Francisco VA Healthcare System, Division of Geropsychiatry, and an Associate Clinical Professor of Psychiatry at UCSF School of Medicine. Dr. Doughan provides clinical services to: Home Based Primary Care Clinic (HBPC), Geriatric Neuropsychology and Geriatric Mental Health. In addition, Dr. Doughan is adjunct faculty for the Geropsychology and Dr. Stephen Rao Interprofessional LGBT postdoctoral training programs. Dr. Doughan received his undergraduate degree in psychology from the University of Minnesota. He subsequently received his master's and doctoral degree from the Minnesota School of Professional Psychology. During his graduate tenure, he completed an advanced practicum in geriatrics at the Minneapolis VA Healthcare system, a pre-doctoral APA Clinical Psychology internship at the Miami VA Healthcare System and APA postdoctoral fellowship in Clinical Geropsychology at the Boston VA Healthcare System. He held academic appointments as a Teaching Fellow in Psychiatry at the Boston University School of Medicine and Clinical Psychiatry Fellow at Harvard Medical School. Additionally, he is an Adjunct Professor of Psychology at the University of San Francisco. Dr. Doughan's interests include geriatric-neuropsychological evaluations, personality assessments of older adults, and interpersonal psychotherapy (IPT) with geriatric patients.

**Michael L. Drexler, PhD, CPRP**, is the Director of the Telemental Health Section of the Mental Health Service, Coordinator of the Workplace Violence Prevention Program, and staff psychologist and neuropsychologist at the San Francisco VA Medical Center. Prior roles at SfVAMC have included Clinical Director of the Psychosocial Rehabilitation and Recovery Center, Local Psychosocial Recovery Coordinator (LRC) for Severe Mental Illness, Geriatric Neuropsychologist and Geropsychologist. He supervises students at all levels in psychosocial rehabilitation, psychotherapy, behavioral approaches to challenging behaviors, neuropsychological assessment, and hospice care. Before coming to the VA, he worked for the SF Department of Public Health at Laguna Honda Hospital and Rehabilitation Center in San Francisco, serving as Director of the Neuropsychology Service, Program Director of Psychosocial Units (with a focus on SMI), and Psychosocial Coordinator of the Dementia Cluster, and consulted on the Hospice Ward. Dr. Drexler has worked as the consulting neuropsychologist for Geriatric Services of San Francisco, Garfield Geropsychiatric Hospital in Oakland, Morton Bakar Geropsychiatric Center in Hayward (during which time Telecare Corporation embraced the psychosocial rehabilitation model), and Letterman Army Medical Center in San Francisco. He is Assistant Clinical Professor at UCSF, Adjunct Professor of Neuropsychology and Neuropsychological Assessment at the California School of Professional Psychology of Alliant International University, Instructor in Psychosocial Rehabilitation, Geropsychology and Neuropsychology at

UC Berkeley Extension, and is Lecturer, Level 6, teaching the Gerontology Focus courses at Notre Dame de Namur University in Belmont California. He is a Fellow of the National Academy of Neuropsychology, and board certified by the Psychiatric Rehabilitation Association (formerly the United States Psychiatric Rehabilitation Association).

**Nate Ewigman, PhD, MPH**, is a Staff Psychologist at the San Francisco VA Health Care System and co-lead of the PACT Intensive Management Program. He received his MPH in Health Services Research, Management & Policy in 2009 and his PhD in 2014 from the University of Florida in Gainesville, Florida. He completed his clinical internship at the Edward Hines Jr., VA in Chicago and his postdoctoral fellowship in Primary Care Psychology from the San Francisco VAHCS. His primary interests include quality improvement, program development and evaluation, and applied research focused on innovative health care delivery approaches. Clinical interests include complex multimorbid patients, team-based intervention, psychological treatment for high-utilizing conditions and Motivational Interviewing (MI).

**Susanna Fryer, PhD**, is an Assistant Professor in the UCSF Department of Psychiatry and staff clinical research psychologist at the San Francisco VA Medical Center. She completed her undergraduate work at Stanford University where she first became excited about clinical neuroscience while participating in the departmental honors research program in Human Biology. She then earned her PhD from SDSU/UCSD's Joint Program in Clinical Psychology with a specialization in neuropsychology, after completing a clinical internship in psychology at the San Francisco VA Medical Center. Dr. Fryer's research, funded by the NIH and the VA, applies neuroimaging and neuropsychological methods to study brain and behavior relationships in adolescent and young adult populations at risk for developing mental illness, with an emphasis on motivated behaviors and self-regulation. Her research focuses on i) improving our understanding of the cognitive features and brain alterations that underlie risk for, and conversion to, psychopathology, and ii) the brain-based mechanisms of how that risk might be ameliorated through psychotherapeutic intervention. She is a licensed clinical psychologist specializing in cognitive-behavioral therapy (CBT) and mindfulness-based techniques, and is particularly interested in how behavioral interventions can be applied to improve aspects of affect and attentional regulation across traditional diagnostic nosologies. She supervises psychology trainees and provides evidence-based mindfulness and cognitive behavioral therapies in the San Francisco VA General Psychiatry Outpatient Service.

**Maria Isabella Fernandez, MD** is the Director of Psychiatric Intensive Care Unit and Assistant Clinical Professor at University of California, San Francisco. She graduated medical school at the University of Barcelona and completed residency at UCSF and a fellowship in geriatric psychiatry at Brown University. Her areas of interest are inpatient psychiatry, mood disorders, electroconvulsive therapy, and geriatric psychiatry. She teaches and directly supervises 3rd year UCSF medical students on their core psychiatry rotation and lectures in medical student rounds. She has published in the areas of panic disorder and treatments with buprenorphine.

**Chris Galloway, PhD**, is Program Director for the Addiction Recovery Treatment Services (ARTS) Intensive Outpatient Program and Transitions Program. Additionally, he is the VISN 21 SUD Program Lead (the liaison for VA Central Office and the SUD programs at VA's in this region). Prior to these roles he developed and directed the Suicide Prevention Program at the SFVAMC, served as Co-Chair of the hospital's Disruptive Behavior Committee, Co-Chair for the Mental Health Service's Quality Improvement Committee, and led the Mental Health Service's Systems Redesign efforts. Volunteering outside of the VA he is President of the Board of the Greater SF Bay Area Chapter of the American Foundation for Suicide Prevention. After receiving his PhD in Clinical Psychology in 2006 from the University of North Carolina at Chapel Hill, he completed a Postdoctoral fellowship with the Dual Disorders team at the Center for Excellence in Substance Abuse Treatment and Education at the Seattle VA. Dr. Galloway offers opportunities for training in all aspects of assessment and treatment of addictions, as well as program development. Particular areas of emphasis include brief MI interventions for substance use problems in non-SUD settings, CBT for SUD, and continuity of care. Dr. Galloway's research interests include assessment, etiology, and treatment of substance use and comorbid mental health conditions.

**Lisa Grossman, PhD**, is a staff psychologist in the Primary Care Clinic at the Santa Rosa CBOC. She completed her doctoral training at Pacific Graduate School of Psychology, with specialization in Neuropsychology, and her internship at the Reno VAMC. She then completed a postdoctoral fellowship in Neuropsychology at San Francisco General Hospital. Dr. Grossman practiced as a staff psychologist at Schwab Rehabilitation Hospital and Care Network in Chicago, and has also provided assessment and treatment in general medical, extended care, and outpatient practice settings. From 2004 to 2015, she served as Consulting Neuropsychologist on the Acute Rehabilitation Unit at Santa Rosa Memorial Hospital, while also providing individual psychological and neuropsychological treatment, cognitive rehabilitation, and family and medical staff consultation in her private practice. At the Santa Rosa CBOC, she provides full-time, direct patient care and consultation to the Primary Care providers, while also serving as a member of the larger Mental Health Clinic team. Her professional interests include behavioral medicine, individual and family adjustment to illness and injury, neuropsychological recovery from trauma, and cognitive rehabilitation.

**Tate Guelzow, PhD**, is a staff psychologist in the Suicide Prevention Program. He completed his undergraduate education at the University of Colorado at Boulder, and worked for several years with at-risk children and families, and as a research assistant at New York State Psychiatric Institute. He earned his doctorate in clinical psychology from the University of California at Berkeley, where his work focused on ADHD in young adults and the stigmatization of mental illness. Dr. Guelzow completed his internship at the SFVAMC, where he also completed a postdoctoral fellowship in the substance use and co-occurring disorders emphasis area. He joined the Suicide Prevention Program in 2014. His clinical interests include emotion-focused and mindfulness-informed approaches to psychotherapy, suicide postvention, and suicide prevention training in the VA and the community.

**Caitlin Hasser, MD** is the Director of the Women's Mental Health Program, the VA site director for UCSF psychiatry residency training program and Associate Clinical Professor at UCSF. She completed medical school at the University of Virginia in 2003 and her psychiatry residency at UCSF in 2007. The women's mental health program is currently expanding with increases in the services provided to women as well as educational opportunities for trainees in this integrated setting. Her interests include affective and anxiety disorders during pregnancy and the postpartum period, intimate partner violence, sexual trauma, post-traumatic stress disorder, primary care-mental health integration, interprofessional teaching and improving access to care. She has a strong commitment to education and regularly supervises psychology and psychiatry trainees.

**Ellen Herbst, MD** is Associate Chief of the Addictions Recovery Treatment Services and Assistant Clinical Professor of Psychiatry at UCSF. She is the Medical Director of the Intensive Outpatient Program (IOP) for patients with substance use disorders and Staff Psychiatrist of the Student Veteran Health Program (SVHP) at City College of San Francisco. She is principal investigator of a study investigating the feasibility of Stay Quit Coach, a mobile app designed to help Veterans with posttraumatic stress disorder (PTSD) quit smoking, and is co-investigator on several of Dr. Steve Batki's clinical trials investigating pharmacotherapies for alcohol use disorder in Veterans with PTSD and/ or mild traumatic brain injury. Dr. Herbst has a strong commitment to teaching and regularly supervises UCSF psychiatry residents, psychology trainees, addictions psychiatry and anesthesia pain fellows, and medical students.

**Michael E. Hoefer, MD** is Medical Director of the Opioid Treatment Program (OTP) and Associate Director of the UCSF Addiction Psychiatry Fellowship Program. He is a Clinical Professor of Health Sciences in the UCSF Department of Psychiatry. He also serves on the education committee and area VI (CA, HI, AK) advocacy committee for the American Academy of Addiction Psychiatry (AAAP). Dr. Hoefer's areas of interest are pharmacologic treatments for opioid use disorder, general psychopharmacology, clinical drug testing, and management of disability benefits in substance users. Dr. Hoefer also serves as national consultant for motivational interviewing within the VA.

**William Q. Hua, PhD**, is a Clinical Health Psychologist in the Infectious Diseases and Liver clinics, where he provides behavioral medicine and integrated care services for veterans living with HIV and hepatitis C virus (HCV). At the San Francisco VA Medical Center, he also serves the roles of chair of the Psychology Diversity Committee, preceptor for the Integrated Care Psychology Fellowship in HIV and Liver Disease, and director of the Mental Health HIV/HCV Specialty Care Access Network-Extension for Community Healthcare Outcomes clinic. Dr. Hua is an assistant clinical professor at University of California-San Francisco (UCSF) and co-lead for the UCSF/SFVA Clinical Psychology Training Program clinical seminar. He is passionate about Acceptance and Commitment Therapy (ACT) and leads an ACT learning and supervision group. Prior to coming to the San Francisco VA in 2013, Dr. Hua received behavioral medicine training through the Palo Alto VA Health Care System psychology internship and fellowship programs. He completed his Ph.D. in Clinical Health Psychology & Behavioral Medicine from the University of North Texas. Dr. Hua is also the co-founder of a nonprofit organization called Here to Hope which focuses on promoting health and education for both HIV-positive and HIV-negative children living in children's homes in Guyana, South America.

**Asale Hubbard, PhD** is a staff psychologist in the Integrative Health Service at the San Francisco VA Health Care System. Dr. Hubbard earned her Ph.D. in Counseling Psychology from the University of Georgia. She completed her clinical internship at the Michael E. DeBakey VA Medical Center in Houston, Texas where she focused on substance use disorders treatment, inpatient/outpatient evidence-based trauma focused treatment, and general outpatient psychology. Dr. Hubbard completed her postdoctoral fellowship at the San Francisco VA in the substance use and co-occurring disorders treatment emphasis area. Upon completion of fellowship, Dr. Hubbard served as a staff psychologist and African American specialist at the Stanford University-Vaden Health Center. She has clinical and research interests in complementary and integrative wellness interventions to reduce health disparities, assessment and interventions for racial trauma, and the treatment of substance use and co-occurring disorders.

**J.W. Terri Huh, PhD, ABPP**, is a staff psychologist in the Primary Care Clinics, where she provides integrated care services. Terri also is the program lead for psychology training in our Quality Scholars Program. She completed her doctorate in clinical psychology with specialization in neuropsychology from the University of Massachusetts-Boston, and internship training in the Clinical Psychology Training Program at UCSF. She completed 1 year of fellowship in neuropsychology and then 2 years in geropsychology at the UCSF Department of Psychiatry. She served as the Associate Director for Education and Evaluation (ADEE) at the VA Palo Alto Health Care System Geriatric Research Education and Clinical Center for 9 years where she specialized in developing clinical programs and improving access to mental health services for older Veterans. As the ADEE, she also developed workshops, educational materials and educational programs for interdisciplinary primary care providers in providing care to older Veterans with mental health needs. She is board certified in geropsychology with a passion for improving access to mental health services for this underserved and vulnerable population, which includes training and educating the next generation of psychologists and interdisciplinary providers in geriatric mental health.

**Sabra Inslicht, PhD**, is Assistant Professor at UCSF, and a Staff Psychologist at the PTSD Clinic at the San Francisco VA Medical Center (SFVAMC), and co-director of the Psychology Research Fellowship Program for the San Francisco VA Advanced Fellowship in Women's Health. She received her PhD in clinical and health psychology from the University of Pittsburgh, completed a clinical internship at the Palo Alto VA and postdoctoral fellowships at Stanford and UCSF/SFVAMC. Within the PTSD program, Dr. Inslicht specializes in evidenced based treatments for PTSD, including Prolonged Exposure (PE) for PTSD and she co-leads the PE seminar and supervises PE cases. Research interests include: mechanisms of biological risk and resilience in PTSD such as fear conditioning and extinction processes, neuroendocrine, immune, and neurosteroid correlates, neuroimaging of fear circuitry using fMRI; sex differences in the biology of PTSD; pharmacological adjuncts to enhance fear extinction; stress measurement using wearable technology, and the application of these findings to the treatment of

PTSD in veterans. She is available for consultation on both research and clinical activities.

**Jeremy Joseph, PhD** is a Staff Psychologist with the Mental Health Clinic at the Santa Rosa CBOC. Dr. Joseph received his doctorate in Clinical Psychology from the University of Wyoming, where his research focused on the impact of trauma on meaning-making processes. He completed his pre-doctoral internship at the Southwest Consortium Predoctoral Psychology Internship where he trained with both the Albuquerque VA Hospital and Indian Health Service. Following internship, he completed a two-year postdoctoral fellowship with the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) located in the Department of Psychiatry at UT Health Science Center - San Antonio. Dr. Joseph provides individual, couples, and group therapies; triage assessment and intervention; and clinical supervision to graduate student externs. His ongoing research interests include cognitive flexibility, nightmare disorder, and the use of mindfulness to develop greater awareness of self and context.

**Kaela M. Joseph, PhD**, is the Women Veterans Program Manager and a Staff Psychologist in the San Francisco VA Healthcare System (SFVAHCS). Dr. Joseph earned her PhD in Clinical Psychology, with an emphasis in LGBTQ Psychology, from Palo Alto University in 2015. She completed her Clinical Internship at the Boise VAMC, and completed the Stephen M. Rao Fellowship in Interprofessional LGBT Health Care through the SFVAHCS. Dr. Joseph is experienced in providing clinical care and consultation in the areas of LGBTQ psychology, sexual health/functioning, women's health, chronic pain, and substance use disorders. Dr. Joseph is an active member of national and international professional organizations concerning various facets of human sexuality including the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) and the World Professional Association for Transgender Health (WPATH). Dr. Joseph was the recipient of the I CARE Award for Outstanding LGBT Veteran Service in 2015, and received a Certificate of Recognition from the American Psychological Association's HIV Office for Psychology Education (HOPE) in 2014 for her previous work as a regional trainer. Dr. Joseph has a strong interest in teaching and supervision, and works as an adjunct lecturer at the California Institute of Integral Studies (CIIS). Her teaching and clinical interests include human sexuality and gender psychology, quality improvement in healthcare settings, adapting EBP's to better address diversity and minority stress, Acceptance and Commitment Therapy (ACT), feminist psychology, and the psychology and sociology of popular culture fandoms (aka communities of fans of popular media such as "Star Wars," comic book heroes, and sci-fi television shows).

**Susan Karpenko, LCSW** is a clinical social worker and certified group psychotherapist from the American Group Psychotherapy Association. She received her graduate degree in Social Welfare from the University of California Berkeley. She is a staff member with the San Francisco VA's Substance Use and Posttraumatic Stress Disorder program (SUPT). She provides treatment for veterans with co-occurring substance disorder and complex trauma histories, including combat, military accident and military sexual trauma. She supervises trainees from multiple health care provider disciplines in the SUPT program. She is a leader in providing and maintaining the Anger Management groups. She practices evidence-based treatments, including Prolonged Exposure and Cognitive Behavioral Therapies and has adapted them to group therapy settings. She is key provider of group therapy training to psychology interns, externs, residents and social work interns.

**Karen Kasch, PhD** is the Evidence-based psychotherapy coordinator and a staff psychologist in the General Psychiatric Outpatient Services Clinic at San Francisco VA. She received her doctorate from SUNY Stony Brook, where she conducted research on chronic depression, as well as family studies of mood and anxiety. She completed her internship at Palo Alto VA and her postdoctoral research fellowship at Stanford University, where she continued her depression research. She later returned to Palo Alto VA where she served in several different roles, including as psychologist on the high acuity inpatient unit, in the psychosocial rehabilitation program, on the PTSD Clinical Team, and as chair of the Disruptive Behavior Committee. Dr. Kasch specializes in cognitive-behavioral interventions, with an emphasis on the behavioral, and has supervised trainees in the provision of Cognitive

Behavioral therapy, Cognitive Processing Therapy, Prolonged Exposure, Motivational Interviewing, among other therapies. She has served as a consultant for the Motivational Interviewing and Motivational Enhancement therapy initiative in VA since its inception in 2011. She has been a member of the Motivational Interviewing Network of Trainers (MINT) since 2014.

**Allison R. Kaup, PhD**, is a Clinical Research Psychologist and Clinical Neuropsychologist at SFVAMC and an Assistant Adjunct Professor in the UCSF Department of Psychiatry. Dr. Kaup is a graduate of the UCSD/SDSU Joint Doctoral Program in Clinical Psychology (Neuropsychology Track). She completed her clinical psychology internship at UC San Diego / VA San Diego, where her training emphasized neuropsychological and psychological evaluations of older adults, transplant patients, and other medically-complex inpatients and outpatients (UCSD Medical Center Neuropsychological Assessment and UCSD Senior Behavioral Health rotations). Dr. Kaup completed a post-doctoral fellowship with the SFVAMC Mental Illness Research Education and Clinical Center (MIRECC) - Dementia Core, where she conducted epidemiological research on cognitive aging/dementia and performed clinical neuropsychological assessments in the SFVAMC Neuropsychology Program and Memory Evaluation Clinic. In her current position, Dr. Kaup conducts research to increase understanding of how to promote cognitive health in older adulthood, particularly among older adults who are at high-risk for dementia. She uses mobile technology in her research, in order to investigate whether novel tools can be used to assess and improve cognition in older adults. For example, she is investigating whether mobile neuroscience-based cognitive training can improve cognition in older Veterans with past traumatic brain injury – the “Brain Aging in Veterans (BRAVE) Training study.” In her clinical role, Dr. Kaup provides neuropsychological evaluations of Veterans and supervises psychology trainees in the SFVAMC Neuropsychology Program.

**G. Dawn Lawhon, PhD**, is a Health Sciences Associate Clinical Professor in the UCSF Department of Psychiatry, the Assistant Director of the SFVAMC Psychology Doctoral Internship Program, and the training coordinator for the SFVAMC Posttraumatic Stress Disorder Clinical Team (PCT), where she has been on staff since 2007. After receiving her Ph.D. in Clinical Psychology and Women’s Studies from the University of Michigan (1998-2004), Dr. Lawhon completed a clinical post-doctoral fellowship in PTSD at the San Francisco VAMC (2004-2005) and a NIDA-funded research fellowship in substance abuse treatment at the University of California, San Francisco (2005-2007). Within the PCT, Dr. Lawhon conducts evaluations, leads therapy groups, and treats patients in individual therapy, with emphasis on enhancing treatment motivation and engagement, particularly in the context of complex trauma. Dr. Lawhon specializes in integrative group treatment of PTSD, in which psychoeducation and cognitive behavioral skill building are provided within a relational and mindfulness-based frame. Dr. Lawhon also provides supervision to psychiatry residents, psychology externs, interns, and fellows, and participates in the PCT educational seminar.

**Kewchang Lee, MD** is Director of the Psychiatry Consultation Unit at the SF-VAMC and Clinical Professor of Psychiatry at the UCSF School of Medicine. He is actively involved in clinical and teaching activities, focusing on consultation-liaison psychiatry and mental health issues in the primary care setting. He is Director of the UCSF Fellowship Program in Psychosomatic Medicine, and has published several chapters in psychiatry, internal medicine, and geriatric medicine texts. Dr. Lee was educated at Harvard University, and received his MD at New York University in 1992. He was trained in the psychiatry residency program at UCSF.

**Jacy A. Leonardo, PhD, MA** is a Licensed Psychologist at the San Francisco VA Medical Center (SFVAMC), specializing in women’s mental health. She started her psychology career after earning a Bachelor’s from Boston College. Since then she worked for and with various not-for-profit community mental health programs and public hospitals. She has experience with diverse clinical populations, across the lifespan, with a particular interest and focus on complex trauma and women. After years as a clinician, Dr. Leonardo returned to school to obtain her MA in Social-Organizational Psychology from Teachers College, Columbia University. She worked as an administrator doing program development and assessment for several years before resuming clinical work. Dr. Leonardo later



earned an MA and PhD in Clinical Psychology from Alliant International University. Since re-engaging in clinical work, Dr. Leonardo has been dedicated to work with Veterans. She completed her pre-doctoral internship at the Denver VA and post-doc at the SFVAMC, in Women's Mental Health and Trauma. Dr. Leonardo has also participated in research and program development activities, including assessing the impact of informal caregiving and exploring the effects of PTSD on interpersonal relationships. Dr. Leonardo worked at the National Center for PTSD designing an employer initiative program for Veterans and most recently transitioned back to the SFVAMC from the Peninsula Vet Center in Menlo Park.

**Shira Maguen, PhD** is Mental Health Director of the OEF/OIF Integrated Care Clinic, Staff Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT) at the San Francisco VAMC and Associate Professor in the Dept. of Psychiatry, UCSF School of Medicine. She is also the San Francisco site lead for the VA Women's Practice Based Research Network (PBRN) and co-director of the MIRECC Postdoctoral Research Fellowship. Dr. Maguen is involved with both the research and clinical components of the PTSD program. Her clinical work and teaching focus on evidence-based treatments for posttraumatic stress disorder, with a particular focus on newly returning veterans. She also works in a clinical capacity within the OEF/OIF Integrated Care Clinic. Her research interests fall under the umbrella of PTSD, moral injury, and suicide, and include risk and resilience factors in veterans, with a particular focus on female veterans. Dr. Maguen was the recipient of a VA Health Services Research and Development Grant that examined the impact of killing in veterans of war and moral injury, and recently completed a grant that examined a novel treatment for veterans who have killed in war. She has three additional grants that examine trauma-related eating problems in female veterans; the effectiveness of evidence-based treatments in Iraq and Afghanistan veterans via natural language processing; and the effectiveness of a behaviorally-based treatment for insomnia (BBTI) in primary care. Dr. Maguen is the author of numerous peer-reviewed publications, most of which focus on veteran mental health.

**Jennifer K. Manuel, PhD**, is a Staff Psychologist in the Health Promotion and Disease Prevention (HPDP) program, the Associate Director for Psychology in the Center of Excellence in Primary Care Education, and a Health Sciences Assistant Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). She earned her doctorate in clinical psychology from the University of New Mexico and completed her clinical internship at the Palo Alto VA Medical Center. Dr. Manuel completed a postdoctoral fellowship in drug abuse treatment services research at UCSF where her work focused on training healthcare providers in motivational interviewing and examining the efficacy of brief motivational interventions in healthcare settings. Following her postdoctoral fellowship at UCSF, she was the Program Evaluator for the VA Central Office Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) Training Programs.

**Payal Mapara, PsyD**, is a Staff Psychologist with the Pain Clinic, Integrated Pain Team (IPT), and the Prescription Opioid Safety Team (POST) at the SFVAMC. Dr. Mapara provides individual and group chronic pain treatment to veterans at the SFVAMC and rural clinics via tele-mental health, as well as consultation to medical providers regarding the treatment and assessment of chronic pain. She received her Psy.D. in Clinical Psychology from the Ferkauf Graduate School of Psychology at Yeshiva University and completed her clinical internship at the Manhattan Campus of the VA New York Harbor Healthcare System. She completed a post-doctoral fellowship in Primary Care at the San Francisco VAMC, where she focused on Pain Management. Dr. Mapara's clinical interests include the integration of pain management into primary care as well as the assessment and treatment of co-occurring chronic pain and substance use disorders.

**Nehjila Mashal, PhD**, is a staff psychologist in the General Psychiatric Outpatient Services Clinic at SFVAHCS. Dr. Mashal received her B.A. in Psychology from the University of California, Los Angeles (UCLA) and her Ph.D. in Clinical Psychology from Northwestern University. She has served as a study therapist on a randomized controlled trial of cognitive behavioral therapy for generalized anxiety disorder and a pilot study of problem solving therapy for anxiety disorders. Dr. Mashal had a dual appointment as a postdoctoral fellow at the Sierra Pacific Mental Illness

Research Education and Clinical Centers (MIRECC) at VA Palo Alto Health Care System and at Stanford University School of Medicine in the Department of Psychiatry and Behavioral Sciences. She joined us from the Department of Psychiatry at Kaiser Permanente-Richmond where she delivered evidence-based individual and group treatments, engaged in clinical supervision and consultation, and conducted program development and implementation. Her areas of expertise include anxiety and depressive disorders. Dr. Mashal has extensive training in Cognitive Behavioral Therapy (CBT), Problem Solving Therapy (PST), Dialectical Behavior Therapy (DBT), Cognitive Processing Therapy (CPT), Exposure and Response Prevention (ERP), and applied tension and exposure for blood-injection-injury (BII) phobia. She is also interested in topics such as assertiveness and effective communication strategies, diversity and intersectionality, and the relationship between anxiety and interpersonal functioning. Dr. Mashal also provides clinical supervision and engages in quality improvement work.

**Susan Maxwell, PsyD**, is a staff psychologist with the Posttraumatic Stress Disorders Clinical Team, and is an Assistant Clinical Professor at the University of California, San Francisco School of Medicine. Dr. Maxwell received her doctorate at the Wright Institute in Berkeley and completed her dissertation on mindfulness interventions for PTSD. She has also worked overseas and locally with refugee populations. She completed her externship and her postdoctoral fellowship in the Posttraumatic Stress Disorders Clinical Team at the San Francisco VA. Dr. Maxwell provides supervision to psychology and psychiatry trainees in the interdisciplinary 360 clinic. She also provides individual and group psychotherapy for trauma, in stabilization, trauma processing, and maintenance treatment phases. Her clinical interests include meditation and mindfulness for PTSD, posttraumatic growth, moral injury, and relational psychotherapy for PTSD. Prior to entering psychology, Dr. Maxwell had a career as a modern dancer and completed an MFA in Poetry at the Iowa Writers' Workshop.

**John R. McQuaid, PhD**, is the Associate Chief of Mental Health Services at the San Francisco VA Healthcare System, and Interim Vice Chair for the SFVAMC, Department of Psychiatry, UCSF Weill Institute for Neurosciences at the University of California, San Francisco. He is also a Co-Director of Psychology at the Langley Porter Psychiatric Institute and serves as a staff psychologist for the General Psychiatric Outpatient Service (GPOS) at the SFVAMC. He completed his undergraduate education at the University of California, San Diego, his PhD at the University of Oregon, and his internship and postdoctoral fellowship at the University of California, San Francisco. Prior to joining the San Francisco VA in 2009, Dr. McQuaid worked at the VA San Diego Healthcare System and UCSD for 13 years as Director of a mood clinic. Dr. McQuaid's clinical and research expertise is in the development and use of cognitive-behavioral interventions for psychiatric disorders and health management issues. He has served as a PI, co-investigator or consultant on several treatment studies applying cognitive-behavior therapy to treatment of psychosis, comorbid depression and substance dependence, phantom limb pain and high risk sex behaviors. Dr. McQuaid also has extensive experience as a clinical supervisor, having twice received the teaching excellence award from the VA San Diego/UCSD Psychology Internship Program.

**Brian Mohlenhoff, MD**, is the Director of Pharmacotherapy for the posttraumatic stress disorder program (the PTSD Clinical Team, PCT). He studied the history and sociology of medicine at the City University of New York, earned his M.D. at UCSF in 2009 and then stayed at UCSF for his residency in general adult psychiatry. He completed a VA Advanced Fellowship in Mental Illness Research and Treatment at the San Francisco VA Medical Center, researching PTSD with Dr. Thomas Neylan and the Stress and Health Research Program and working in the neuroimaging lab of Dr. Michael Weiner. His clinical and research interests include PTSD and the contribution of sleep problems to the symptoms and sequelae of PTSD. He lives in Pacifica. He looks forward to his next backpacking trip.

**Elizabeth Nazarian, PsyD**, is a Staff Psychologist at the Santa Rosa Community-Based Outpatient Clinic. Dr. Nazarian earned her degree in clinical psychology from the California School of Professional Psychology at Alliant International University in 2015. She completed her pre-doctoral internship at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts, where she focused on general outpatient psychology, evidence-

based trauma-focused interventions, and Primary Care Behavioral Health. She completed her postdoctoral fellowship at the San Francisco VA Medical Center in the Substance Use and Co-occurring Disorders Treatment emphasis area. Dr. Nazarian's primary clinical interests include the integrated treatment of substance use disorders and co-occurring conditions (particularly the co-occurrence of substance use and posttraumatic stress), fostering resilience in at-risk and traditionally underserved populations, enhancing access to appropriate clinical care, and promoting early treatment engagement.

**Thomas Neylan, MD** is the Director of the Posttraumatic Stress Disorders (PTSD) Clinical and Research Programs at the San Francisco Veterans Affairs Medical Center. He is a Professor, In Residence in the Department of Psychiatry at the University of California, San Francisco. Dr. Neylan has been an active researcher in the study of sleep and Posttraumatic Stress Disorder for the past 18 years. He has been the Principal Investigator on multiple funded projects sponsored by the National Institutes of Health, the National Institute of Justice, the Department of Defense, and the Department of Veterans Affairs. Dr. Neylan has first-authored multiple articles in prominent psychiatric journals including the Archives of General Psychiatry, the American Journal of Psychiatry, Biological Psychiatry, Chronobiology International, Journal of Clinical Psychiatry, Journal of Traumatic Stress, Neuropsychopharmacology, and Psychosomatic Medicine. He has presented his research at national meetings such as the American Psychiatric Association, the American College of Neuropsychopharmacology, the American Sleep Disorders Association, and the International Society for Traumatic Stress Studies. Dr. Neylan has served on the National Institutes of Health, Center for Scientific Review, Adult Psychopathology and Disorders of Aging Study Section.

**Tatjana Novakovic-Agopian, PhD** is a Rehabilitation Neuropsychologist at San Francisco VA Medical Center Rehabilitation Medicine –TBI Program, and Assistant Professor at UCSF School of Medicine. She directs the Neuropsychological Rehabilitation clinical research program at SFVAMC and co-directs Program in Rehabilitation Neuroscience, a collaborative program of the SFVAMC, VANCHCS in Martinez, UC SF and UC Berkeley. She is a training director for the TBI/Polytrauma Neuropsychology Research fellowship, and is actively involved in training of neuropsychology residents and other trainees interested in assessment and treatment of brain injury. She received her graduate education from Johns Hopkins University and California School of Professional Psychology, and her postdoctoral training at UCSF. Her clinical interests include assessment and cognitive rehabilitation/reintegration of individuals recovering from brain injury. Her research focuses on development and implementation of theory driven interventions for rehabilitation of executive control functions after brain injury, PTSD and in aging, and on ecologically valid multi-level outcome assessment methods. She is currently a Principal Investigator and a Co Principle-Investigator on VA Merit sponsored clinical research studies investigating effectiveness of cognitive trainings in Veterans with PTSD, and history of TBI. She served as chair of the Brain Injury Research Committee of the California Pacific Regional Rehabilitation Center, and is a past president of the Northern California Neuropsychology Forum. She has presented her work internationally and is an author of a number of peer reviewed publications.

**Nancy Odell, LCSW** is an Associate Clinical Professor at the UCSF School of Medicine, Department of Psychiatry and a clinical social worker on the Substance Use/ Posttraumatic Stress Team. She is a certified group psychotherapist from the American Group Psychotherapy Association where she also holds an Academic Membership. She has over twenty years of experience in treating PTSD and provides group psychotherapy supervision for psychiatry residents receiving training in the treatment of co-occurring PTSD and substance use disorders. She coordinates the SUPT Clinical Seminar, an interprofessional training seminar, and provides supervision to interprofessional trainees when requested. Ms. Odell received her graduate degree in Clinical Social Work from Boston College and worked at the National Center for Posttraumatic Stress Disorder prior to working at the San Francisco VA Medical Center. She participated in an inter-cultural exchange in the Republic of Vietnam. She traveled to Vietnam and met with various mental health professionals, university and government officials to exchange treatment information on Posttraumatic Stress Disorder and substance use disorders. Ms. Odell

participated in a treatment outcome study with Stanford University investigating the effectiveness of group psychotherapy for women diagnosed with Posttraumatic Stress Disorder from childhood sexual abuse. She participated in MIRECC and DOD funded studies investigating the effectiveness of exposure based treatments for Vietnam and Iraq/Afghanistan veterans. Ms. Odell has training in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) and Mindfulness Based Stress Reduction treatment. She has extensive training in Control Mastery Theory and her orientation is cognitive/behavioral and psychodynamic. Ms. Odell has a private practice in San Francisco.

**Sarah Palyo, Ph.D., CPE**, is a psychologist and the Clinical Director of the Intensive Pain Rehabilitation Program and the Clinical Director of the Integrated Pain Team for the San Francisco VA Healthcare System. She is an Assistant Clinical Professor at the University of California, San Francisco. She received her Ph.D. in clinical psychology from the State University of New York at Buffalo and completed her clinical internship at the Palo Alto VA Healthcare System. She completed a post-doctoral fellowship in Stanford University's Behavioral Medicine Clinic. She received her Certified Pain Educator (CPE) credential from the American Society of Pain Educators in 2013. Dr. Palyo specializes in the assessment and treatment of co-occurring chronic pain conditions and psychiatric disorders, with an emphasis on CBT and ACT based interventions. Dr. Palyo also led the development of the San Francisco VA's Intensive Pain Rehabilitation Program, which is the CARF-accredited, tertiary pain program for VISN21. She also received funding from the Office of Rural Health to help develop the Integrated Pain Team for the San Francisco VA's rural CBOCs. She is a Director of the San Francisco VA's SCAN-ECHO program, which provides education and consultation to providers on a variety of health conditions all across VISN21. Dr. Palyo's research interests include co-occurring chronic pain and PTSD and resiliency.

**David L. Pennington, PhD**, is a Clinical Research Psychologist and Assistant Director of the Addiction Research Program at SFVAHCS, and Assistant Professor in the Department of Psychiatry at UCSF. He received his Ph.D. in Clinical Psychology from Palo Alto University in 2009, completed a postdoctoral clinical fellowship at SFVAHCS in 2010 and a research fellowship in Biomedical Imaging in the Department of Radiology at UCSF in 2013. Dr. Pennington is a Clinician Investigator with a background spanning translational and clinical research. Dr. Pennington's research program seeks to identify underlying neurobiological and cognitive substrates of impaired self-control and to develop new and more efficacious behavioral and pharmacologic treatments for alcohol and substance use disorders and common comorbid disorders (PTSD and Traumatic Brain Injury). As a Hispanic/Latino and Native American minority from an economically and educationally disadvantaged community, his research also focuses on developing interventions which enhance the psychological resiliency needed to succeed despite the socioeconomic barriers faced by under-represented communities. In his clinical role, he provides supervision of psychology trainees conducting neuropsychological evaluations of veterans in the Addiction and Recovery Treatment Service, and is assisting in the implementation of the VA's Measurement Based Care Initiative. Dr. Pennington also mentors trainees in the Addiction Research Program, UCSF's Postdoctoral Program in Drug Abuse Treatment/Services, UCSF's First Generation Support Services Program, and at the Center for Imaging of Neurodegenerative Diseases.

**Daniel Rataj, PhD**, is a staff psychologist at the Ukiah VA Community Based Outpatient Clinic (CBOC). He completed his undergraduate education at the University of Michigan and received his doctoral degree in clinical psychology from Northwestern University Medical School in Chicago. In addition to his experience in the private sector (psychotherapy, neuropsychological assessment), he has worked with veterans at VA facilities in Chicago (Jesse Brown VA Medical Center), Northern Michigan (Alpena CBOC) and Northern California (Yuba City CBOC). Clinical interests include working with older adults and mood disorders. In a previous career, Dr. Rataj worked as an advertising agency TV commercial producer

**Shilpa Reddy, PhD**, is a staff Psychologist in the TMH Section, who provides a range of evidence-based interventions, with some focus on those with Severe Mental Illnesses. She completed her Postdoctoral Fellowship

at the SFVAHCS with an emphasis on Psychosocial Rehabilitation, with experience working across a number of clinics and sections. She has experience in providing individual, couples and group interventions by TMH. She has training in CBT, ACT, Emotion Focused Couple's therapy and Cognitive processing therapy. Her experience over the last 15 years spans three different countries (U.S., India and Australia) and she brings a deep awareness of diversity issues that influence health and illness. Shilpa is a board member of the San Francisco Psychological Association, currently serving as the Diversity Committee chair. She is Thesis Committee Member in Art Therapy Psychology at Notre Dame de Namur University. She is faculty at the Felton Institute of Research and Training and she trains community mental health professionals in Cognitive Behavioral Therapy and Cognitive Behavioral therapy for psychosis. In addition, she is co-founder of Actualize LLC, a consulting practice focused on bring creative solutions informed by behavioral science to the people and business.

**Kellie Rollins, PsyD** is the Director of Psychology Internship and Practicum Training Programs at San Francisco VA Medical Center (SFVAMC) and staff psychologist in the Opioid Treatment Program (OTP) within the Substance Abuse Programs at SFVAMC. She assumes a clinical educator role as Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine. Dr. Rollins received her Doctor of Psychology degree from Nova Southeastern University in 2005 after completing doctoral internship at Harvard Medical School/Boston VA Medical Center where she specialized in assessment and treatment of severe psychopathology in women Veterans and longer-term psychodynamic psychotherapy. She subsequently completed her postdoctoral fellowship at SFVAMC, focusing on the treatment of substance use disorders and posttraumatic stress and was hired on as staff in 2006. In her role as staff psychologist in Opioid Treatment Program (OTP), she provides individual psychotherapy and group psychotherapy for Veterans with substance use disorders and co-occurring psychiatric, personality/characterological and medical conditions. As Director of Psychology Training at SFVAMC, Dr. Rollins leads the APA accredited clinical psychology doctoral internship and the practicum training programs. She is also Co-chair of SFVAMC Mental Health Service Quality Improvement (QI), Member-At-Large of the Executive Committee of the National VA Psychology Training Council (VAPTC) and Campus Training Representative for the APA Federal Education Advocacy Coordinators. Beyond the VA, she is chair of American Association for Treatment of Opioid Dependence (AATOD) conference workshop committee and has a part-time private practice in San Francisco.

**Johannes C. Rothlind, PhD** directs the Neuropsychological Assessment Program at the SFVAMC. He is an Associate Clinical Professor of Psychiatry at UCSF. Dr. Rothlind obtained his PhD in Clinical Psychology from the University of Oregon in 1990, with a focus in neuropsychology. He completed his pre-doctoral clinical psychology internship at the UCSD/San Diego VAMC with special emphasis in geriatric neuropsychology. From 1990-1992 he completed a NIA-sponsored postdoctoral neuropsychology fellowship at the Johns Hopkins University School of Medicine, where he was engaged in mentored research on the neuropsychology of Huntington's disease and received further supervised training in clinical neuropsychology. Dr. Rothlind came to the SFVAMC in 1995 after several years on the faculty of the University of Maryland School of Medicine, as an assistant professor of psychiatry. His responsibilities at the SFVAMC include leadership of the operations of the Neuropsychological Assessment Program. He provides evaluation and consultation services to a wide range of clinical programs including the various clinics of the Mental Health Service, Medical Practice Clinics, the PADRECC, Memory Disorders Clinic, Comprehensive Epilepsy Program, and TBI clinic. He is the Director of the Clinical Neuropsychology Residency training program at the San Francisco VA, and provides teaching and supervision to clinical psychology trainees at all levels of experience (practicum students, interns, post-doctoral fellows). He leads weekly training seminars and case-conferences reviewing core topics in neuropsychological and psychological assessment, including functional neuroanatomy, and theoretical and empirical foundations of clinical neuropsychological assessment and consultation. Dr. Rothlind also maintains active collaboration with SFVAMC and UCSF investigators studying the effect of deep brain stimulation for treatment of Parkinson's disease. His research interests also include developing methods for brief and reliable assessment of disorders of self-awareness in patients with neuropsychological disorders.

**Martha Schmitz, PhD, ABPP** is a staff psychologist on the PTSD Clinical Team at the San Francisco Veterans Affairs Medical Center (SFVAMC) and Associate Clinical Professor at University of California-San Francisco School of Medicine. Dr. Schmitz offers continuing education workshops and consultation in the treatment of PTSD and substance abuse to clinicians both nationally and abroad. She began working with Lisa M. Najavits, PhD, author of *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, as a postdoctoral fellow at McLean Hospital-Harvard Medical School and continues to work as her associate through Treatment Innovations. She received her doctorate in counseling psychology from the University of Missouri-Columbia after earning her master's and bachelor's degrees from the University of California-Davis. She has collaborated on several research projects in both the United States and France. Her clinical and research interests include treatment of complex PTSD, co-occurring PTSD and substance use disorders, dissociation, and resiliency in survivors of trauma.

**Meredith S. Sears, PhD**, is a Clinical Psychologist at the San Francisco VA Medical Center (SFVAMC) specializing in suicide prevention and Dialectical Behavior Therapy (DBT). Dr. Sears earned her PhD in Clinical Psychology with a minor in Health Psychology at the University of California, Los Angeles (UCLA) in 2015. She completed her Clinical Internship with the Palo Alto VA Healthcare System, and clinical Postdoctoral Fellowship at the SFVAMC, with a focus on Empirically Based Practice and Women's Mental Health. Dr. Sears practices from cognitive behavioral and third wave psychotherapy frameworks, and has particular experience teaching and supervising DBT and ACT. Her clinical and research interests include behavioral strategies that reduce suicide risk (such as limiting access to lethal means), and the intersection between emotion regulation skills and behavior, with an emphasis on behavior in interpersonal relationships.

**Sarah Shonkwiler, LCSW** is the Outreach and Education Coordinator of the San Francisco Veterans Administration (SFVA) Family Therapy Program and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). She received her master's degree from the Smith College School for Social Work in 2000 and completed her post-graduate training at the Ackerman Institute for the Family in New York City. Additionally, she has advanced training in Emotionally Focused Therapy (EFT) for Couples. Her extensive experience in VA and Community Mental Health settings has encompassed therapy provision, clinical supervision and program management.

**Elizabeth Mulligan Shumaker, PhD, ABPP** is Staff Psychologist who serves as a consultant to the SFVAMC's Community Living Center and the Assistant Director of Postdoctoral Fellowship Training at the SFVAMC. She earned her doctorate in Clinical Psychology from Washington University in St. Louis and completed her internship and postdoctoral fellowship at VA Boston, both with specializations in geropsychology. She is also board certified in professional geropsychology. Prior to her time in the CLC, she worked as a staff psychologist at the Santa Rosa Community Based Outpatient Clinic, where she was a consultant to the Home-Based Primary Care team. Additionally, before moving to the Bay Area in 2016, she was a staff psychologist in an outpatient Geriatric Mental Health Clinic at VA Boston, with roles include supervising interns, fellows, and psychiatry residents through the Harvard South Shore program and serving as the Track Coordinator for Geropsychology training. Nationally, Dr. Shumaker is the early career representative to the American Board of Geropsychology, a Past Chair of the Council of Professional Geropsychology Training Programs, and a former member of APA's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. She is VA certified in Cognitive Behavioral Therapy for Insomnia (CBT-I), Cognitive Processing Therapy (CPT), and STAR-VA. Her primary professional interests include supervision and training, bereavement, late-life family relationships, cancer survivorship, and trauma recovery among older adults.

**Erik Shumaker, PhD**, is a Staff Psychologist in the Telemental Health Section providing evidence-based interventions to veterans over secure videoconferencing with a focus on CBT for anxiety, depression, and traumatic stress. Prior to coming to the SFVAHCS, he served as a Staff Psychologist at the Edith Nourse Rogers Memorial

VA Hospital in Bedford, MA. At the VA Boston Healthcare System he completed a two-year fellowship and helped oversee assessments for a multi-site PTSD research consortium. He has extensive experience in evidence-based assessments for PTSD including the Clinician-Administered PTSD Scale for DSM-5.

**John Straznickas, MD** is the Team leader for the Substance Use Posttraumatic Team (SUPT) and a staff attending psychiatrist in the Addiction Recovery Treatment Services (ARTS) Program at the San Francisco VA Medical Center. He is an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine, and has received several teaching awards from the residents in psychiatry including the Excellence in Teaching Award in 2004, 2007, 2008 and 2010. He organizes the substance abuse seminar for all the trainees and supervises the psychiatry residents and the psychology fellows, interns, externs and medical students. He has expertise in the theory and practice of group psychotherapy and leads two group supervision seminars for both faculty group leaders and psychiatry residents. Dr. Straznickas received his medical degree from Duke University and is a graduate of the UCSF psychiatry residency program.

**Michael Stroud, PhD**, currently works in Rapid Access and VA Community Care. He received his PhD in Clinical Psychology from the University of Alabama. He completed his internship at the University of Washington School of Medicine. He remained there for two research fellowships in Rehabilitation Psychology with an emphasis in pain management. He then completed a fellowship in Clinical Health Psychology at VA Connecticut Health Care System. He has worked in primary care psychology at VA Palo Alto Health Care System and in pain management at Eastern Colorado VA Health Care System. In collaboration with Dr. Robert Kerns, he has contributed to the WHO ICD-9 classification on pain. In his spare time, Dr. Stroud enjoys participating in wheelchair 5K events. He usually comes in last but always finishes.

**Courtney Valdez, PhD** is a Clinical Psychologist at the San Francisco VA Medical Center (SFVAMC) specializing in Posttraumatic Stress Disorder (PTSD). Dr. Valdez obtained her Ph.D. in Clinical Psychology at Arizona State University. She completed her Clinical Internship at the VA of Northern California Health Care System and her Postdoctoral Fellowship at the University of California at San Francisco (UCSF) Child and Adolescent Services Multicultural Clinical Training Program. After completing her training, Courtney served as faculty through the National Center for PTSD at the VA Palo Alto Health Care System, conducting training and research in military sexual trauma (MST). During her time at NC-PTSD she also served as a parenting skills training consultant for VA Central Office's Integrative Behavioral Couples Therapy (IBCT) dissemination initiative. Before coming to SFVAMC, Dr. Valdez provided direct clinical services to veterans exposed to combat and/or MST at the San Francisco Vet Center. She now works part-time as an after-hours clinician for the PTSD Clinical Team (PCT) at SFVAMC. She also maintains a part-time role with the San Francisco Vet Center, running two long-standing PTSD psychotherapy groups for Vietnam Veterans in Marin County. She is a VHA Certified Provider of Cognitive Processing Therapy (CPT) and Integrative Behavioral Couples Therapy (IBCT).

**Samuel Wan, PhD**, is Director of Training for the Postdoctoral Fellowship Training Program at the SFVAHCS, Staff Psychologist and Clinical Supervisor with the Substance Use and PTSD (SUPT) Clinic and Assistant Clinical Professor of Psychiatry at the School of Medicine at the University of California, San Francisco. He completed his doctoral internship with the Boston Consortium in Clinical Psychology and postdoctoral fellowship in Substance Use Disorders at the SFVHCS. He received his PhD in Counseling Psychology from Boston College, and BA in Psychology from the Univ. of California, Berkeley. As team member of the SUPT clinic, Dr. Wan performs a range of clinical, administrative, and educational activities focused on the assessment, management, and treatment of co-occurring substance use disorders and PTSD in the veteran population. Dr. Wan's clinical interests include substance use disorders, posttraumatic stress disorder, multicultural psychology, particularly Asian American psychology, and gender issues. In 2018, Dr. Wan was elected President-Elect of the Association of VA Psychologist Leaders (AVAPL), after completing his term as Treasurer. In 2015 he completed serving as Chair of the Conference Planning Committee for the 17<sup>th</sup> and 18<sup>th</sup> Annual VA Psychology Leadership Conferences, and remains a planning

committee member. He is a member of the VA Psychology Training Council's Multicultural and Diversity Committee, and is a member (and former chair) of the SFVHCS Psychology Diversity Committee, and is former Member-At-Large for Division 51 (Society for the Psychological Study of Men and Masculinity). In 2014, Dr. Wan was awarded a Presidential Citation by APA President, Dr. Nadine Kaslow, and in 2012, he was selected to receive the James Besyner Early Career Award for Distinguished Contributions to VA Psychology by the AVAPL. In 2008-09, Dr. Wan was an Early Career Leadership Fellow with the Asian American Psychological Association, a leadership development program that he subsequently co-chaired for several years.

**Erin C. Watson, PsyD** is a Clinical Health Psychologist at the San Francisco VA Health Care System (SFVAHCS) where she provides behavioral medicine and integrated care services. She is an Adjunct Faculty member at the University of San Francisco (USF) and Research Staff at the University of San Francisco, California (UCSF). Dr. Watson earned her PsyD in Clinical Psychology with an emphasis in Primary Care Psychology and Behavioral Medicine from Adler University in 2014. She completed her Doctoral Internship at the Portland VAMC/Oregon Health and Science University (OHSU), and Postdoctoral Fellowship at the SFVAHCS, with a focus on HIV/AIDS and Liver Disease. Dr. Watson has specialized behavioral medicine training in chronic pain, infectious disease, hepatitis C and liver disease, weight management/bariatrics, organ transplant, and primary care psychology. Her clinical and research interests include the integration of behavioral health in medical specialty clinics, education for allied health professionals, social responsibility and health disparities, and program development and evaluation. Dr. Watson was the recipient of a 2016 Federal Employee of the Year award for her team efforts in integrated care diversity-related programming. Dr. Watson serves as a consultant for the National VA Motivational Interviewing and Motivational Enhancement (MI/MET) therapy initiative, and practices evidence-based cognitive behavioral and acceptance and commitment therapies.

**Tauheed Zaman, MD** is Medical Director of the Prescription Opioid Safety Team (POST), a multidisciplinary service that cares for medically complex, opioid addicted patients at the San Francisco VA. He supervises UCSF psychiatry residents in their Longitudinal Care Experience clinic, and UCSF Addiction Psychiatry fellows in managing a variety of substance use disorders. He has served on the Council for Addictions at the American Psychiatric Association (APA), authoring the APA's position statement on marijuana as medicine, and presented a series of APA workshops on behavioral addictions, and on integrated care. He has published on psychiatric comorbidities associated with substance use in both adults and adolescents, and on practical approaches to motivational interviewing for medical providers. He completed his psychiatry residency at the Harvard-Cambridge program, where he served as Chief resident, and completed his fellowship in Addiction Psychiatry at the UCSF/San Francisco VA.

**Joan Zweben, PhD** is part time staff psychologist at the VA where she supervises trainees in issues related to the treatment of addiction. Dr. Zweben is a Clinical Professor in the Department of Psychiatry, UCSF Medical Center. Dr. Zweben is an APA Fellow in the Addiction Division since 1997. Most of her time is spent as Director of the East Bay Community Recovery Project in Oakland, a substance abuse treatment program that provides psychological and medical services in residential and outpatient settings, and also offers supportive housing. Dr. Zweben is widely known as a consultant in the area of drug and alcohol treatment. She is an author of four books and over 70 journal articles and book chapters on substance abuse issues. She does consulting and training in a wide range of drug and alcohol treatment modalities.

**Leila Zwelling, LCSW** is the Director of the San Francisco VA's Interpersonal Psychotherapy Program, Assistant Director of the SFVA Women's Clinic Mental Health Clinic and an Assistant Clinical Professor with UCSF's Psychiatry Department. She also serves as a Staff Consultant for the VA Interpersonal Psychotherapy Rollout Program. Additionally, Ms. Zwelling coordinates and supervises trainees in the Women's Integrated Care Clinic, providing mental health treatment and consultation in the primary care setting. She provides gender-specific treatment for female veterans with complex trauma histories, including childhood abuse, combat and military sexual trauma, and intimate partner violence, and is VA-certified in Prolonged Exposure. Ms. Zwelling has played a key



role in the expansion of women's mental health services at the San Francisco VA. A graduate of the University of Virginia, she completed clinical training with UCSF's Infant-Parent Program, and worked in San Francisco General Hospital's Psychiatry Department prior to joining the VA.



**APPLICATION FORM**  
**San Francisco Department of Veterans Affairs Health Care System**  
**Psychology Postdoctoral Fellowship Program**

**\*This form is to be submitted in APPA CAS as "Other".**

**Application(s) Deadline: Sunday, December 9, 2018, 11:59PM Eastern Time (8:59PM Pacific Time)**

**Please print.**

**I. Identifying Information**

<b>Name:</b>
<b>U.S. Citizen?</b> YES / NO    (MUST BE TO APPLY)
<b>Mailing Address:</b>
<b>Email:</b>
<b>Work Telephone:</b>
<b>Home or Mobile Telephone:</b>
<b>Please identify/provide the telephone number where you can be reached at 7:00am (Pacific Time) on Monday, 02/25/2019 :</b>

## II. Rank Order Focus area to which you are applying

Please rank order **ONLY** those to which you are interested. The San Francisco VA Health Care System will be offering **sixteen (16)** one-year psychology postdoctoral fellowships in 2018-2019 with focus areas in the following:

We will also be offering one (1) two-year postdoctoral psychology fellowship in Clinical Neuropsychology. The application procedure for this fellowship program is separate from the general program and program and application information can be found at: <http://www.sanfrancisco.va.gov/education/psychologytraining.asp>

RANK	FOCUS AREA
	Community-Based, General Mental Health Fellowship (2 positions located at the Santa Rosa CBOC)
	Evidence-Based Psychotherapy in General Mental Health, Women's Mental Health and Primary Care
	Geropsychology
	Integrated Care Psychology in HIV and Liver Disease
	Integrated Care Psychology in Pain Management
	Integrated Care Psychology in Primary Care Psychology (4 positions)
	Dr. Stephen Rao Interprofessional LGBT Healthcare
	PTSD and Returning Veterans
	PTSD and Substance Use Disorders Treatment
	Psychosocial Rehabilitation
	Substance Use, PTSD and Co-occurring Disorders Treatment (2 positions)
	Women's Mental Health and Trauma

## III. Doctoral Program

Doctoral Program:	
Program APA ACCREDITED?    YES / NO    (MUST BE APA ACCREDITED TO APPLY)	
Program Type:    Clinical / Counseling    AND    University / Professional	
Doctoral Degree: Psy.D. / Ph.D.	Completed?    YES / NO
Dissertation title:	

**Dissertation date completed:**

If not completed, ***please provide contact information for your dissertation chairperson including*** a letter of support describing your dissertation status and timeline.

**Dissertation Chairperson:**

**Email:**

**Phone:**

#### **IV. Internship Program**

**Predoctoral Internship Program:**

**Internship APA ACCREDITED?** YES / NO (MUST BE APA ACCREDITED TO APPLY)

**Predoctoral Internship Completed (date):**

If not completed, ***please provide contact information for your Predoctoral Internship Training Director including*** a letter indicating you are in good standing and when you are expected to graduate.

**Director of Training:**

**Email:**

**Phone:**

#### **V. Required Application Materials**

1. This **Application** form
2. **Cover Letter**
3. Current **Curriculum Vitae**
4. Official graduate school **transcripts**
5. **Three (3) letters of Recommendation** (optional letters beyond the required 3 are acceptable at your discretion).

**Please note the requirement below for one (1) of the letters:**

**a) One of your letters should include a letter of support from your graduate program's Director of Clinical Training** indicating what your planned internship and dissertation completion dates are, that your internship and dissertation progress are as expected and that you are reasonably able to finish by the planned completion dates.

**IMPORTANT NOTE:** You cannot begin our program unless you have completed all requirements met by program's start date, expected to be September 3, 2019. This is a fixed policy and program requirement. In rare instances we may be able to accommodate a very short delay in your start date due to unforeseen circumstances and with approval.

**b) Optional:** You may include a letter of support from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including

the expected completion date. If internship is already completed, you can mail a copy of your predoctoral internship certificate.

**c) Optional: You may include a letter of support from your Dissertation Chairperson** describing your dissertation status and timeline if you have not completed your graduate degree. Dissertations must be complete before the postdoctoral fellowship begins. Please note we will be monitoring dissertation progress and status on a routine basis. All requirements for the doctoral degree must be completed prior to the start of the fellowship year.

**\*You may submit the two optional letters above in lieu of the single letter from your Director of Clinical Training from your graduate program as well.**

6. **One (1) work sample.** Clinical or academic work samples are acceptable (e.g., a redacted clinical evaluation summary; other work-samples may include published manuscripts on which you are main author or other manuscripts or evidence of scholarly and/or clinical productivity and proficiency).

## VI. Interviews

- All **interviews** will only be conducted over the course of three weeks as follows:
  - **Week of January 28, 2019 (Friday, February 1<sup>st</sup> only)**
  - **Week of February 4, 2019 (Tuesday, February 5<sup>th</sup> and Thursday, February 7<sup>th</sup>)**
  - **Week of February 11, 2019 (Monday, February 11<sup>th</sup>, Wednesday, February 13<sup>th</sup>, and Friday, February 15<sup>th</sup>)**
  - **Every effort will be made to accommodate your preferred interview date, and we will work with you on that date once you have been invited for an interview**

## IV. Application Checklist

Please submit all application materials electronically to **APPA CAS by Sunday, December 9, 2018, 11:59pm Eastern Time (8:59pm Pacific Time)**. Please do not mail any materials in hard copy form.

	Completion of Application Form (submitted into APPA CAS as "Other")
	Cover Letter
	Current Curriculum Vitae
	Official Graduate Transcript(s) – if these are delayed, an unofficial transcript will suffice for the application deadline
	Three (3) letters of recommendation in support of your application. Additional letters at your discretion.  *One of the letters shall be a letter of support from your graduate program's Director of Clinical Training indicating that you are in good standing to successfully complete your predoctoral internship and dissertation, including the expected completion dates.  If already completed, you can email a copy of your predoctoral internship certificate.
	Dissertation title and date completed.  *If not completed, please provide a letter of support from your dissertation chairperson describing your dissertation status and timeline.
	One (1) Work Sample

***Thank you for your interest in and consideration of the  
SFVAHCS Psychology Postdoctoral Fellowship Program  
for your training!***